

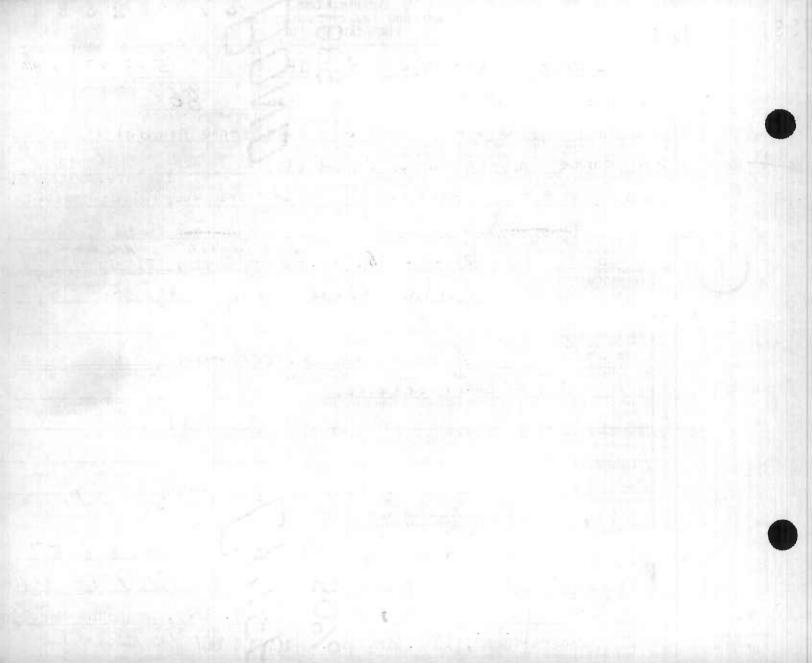
	1		FOR F11m #G62	8, Item #16b,		HEALTH AND	LAND MENTAL HYC	8 7 ·	2 0	49
E CIN	0/		STATE REGISTRAR 6/29/		DICAL EXAMI	NER'S CERTI	FICATE OF	DEATH REG.	NO 3	1
100	1011 -	. (†VP	ASED NAME FIRE	11Am	MIDDLE	ANS	elm	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	19 87 26 HOUR
1	OUR FILE 72 HOUS	1. SEX	M CAU	5 DATE OF BIRTH MONTH DAY 12 12	YEAR 6. AGE (IN) LAST BIRTH 72	DAY) MONTHS DAY	II OI IDEII E		MONTH DAY	YEAR 24 HOUR
NECESSA UNESPAL	WITHIN S	N N	RTHPLACE (STATE OR REIGN COUNTRY) EW YORK	76 CITIZEN OF WE	A.	MARRIED X	NEVER MARRIED DIVORCED	9. BALTIMORE CITY	A A .	EATH
PAY 15	10	6	CN BUYNI'S	#1 Thon		2nd Flo		USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE! ngineer	OR	ND OF BUSINESS INDUSTRY Ver
(1.3)	35	IIa S	AL RESIDENCE (IF IN NURSING H		13c CITY OR TOWN	CVNI PYES	No X	STREET ADDRESS	-s Rd	21061
N 199	12	1	WILLIAM	WIDDLE	ANSELM	W	OTHER'S MAIDEN P	A MIDDLE	PAPE	
BALTIM S AFTER GIVE PA	PACES VISION	léa V	Yes W	GIVE WAR OR DATES)				old,Maryla nselm 7 Ch		1012 a Road
N ST., I	FRAMT.		PART I DEATH WAS CA	er anly ane cause per line NUSED BY: EDIATE CAUSE (a)	far (a), (b), and	ardine	c Ar	rrest,	BETV	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
PRESTO	MER AL	3	Canditians, if any, w	thich (b)	AS A CONSEQUENCE	7.5.C	. V. D	> \		Miles
201 W	BIAL TA		cause (a) stating the <u>ur</u> lying cause last.	(c)	AS A CONSEQUÊNCE					
CORDS RE EXE	AEDICAL AS A BU ALTH AS SEEMAT	NO	Ch vovic	1+100	BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	OITION GIVEN IN PART 1	10		
ATAL B	EUSED A	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPE	RATION WAS PER	FORMED?			AUTOPSY?
ON OF IFICATE 3 THE W	OR TO THE OR TO BE	CALCE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M	MONTH DAY YE	AR 21c. HOW INJ	IURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2]	
DIVISI HIS CERT WRITING	AGE 3 SH ATE DEP	MEDI	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET	7	CITY OF TOWN	COUNTY	STATE
WASE, T	CTOR: P CTOR: P THE ST LAND: 2			charge of the remains des		Autopsy	Inspection Comicide	Inquiry .	and in my apinian	
E CERTI	M. WITH		ACTUAL SIGNATURE	illem I	0.00	mQ TITI	LE (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED 5	127/87
MEDICA	FUNER FUNER TER DEA TWORK	1	EV A MAINIED'S NIA ME	illiam P. J	Jones, M.D.	ADDRE		ca Crt. Davi		Md. 2103
22 07/84 BP	4044 —	23a.8	URIAL, CREMATION, REMOV		23c. NAME OF C	METERY OR CREM	AATORY 2	location City or town	COLINTY	Mď
25M DH	1MH - 17 A15 ME (5))		ymerat director					D BY DECISTOAD THE DE		UDE

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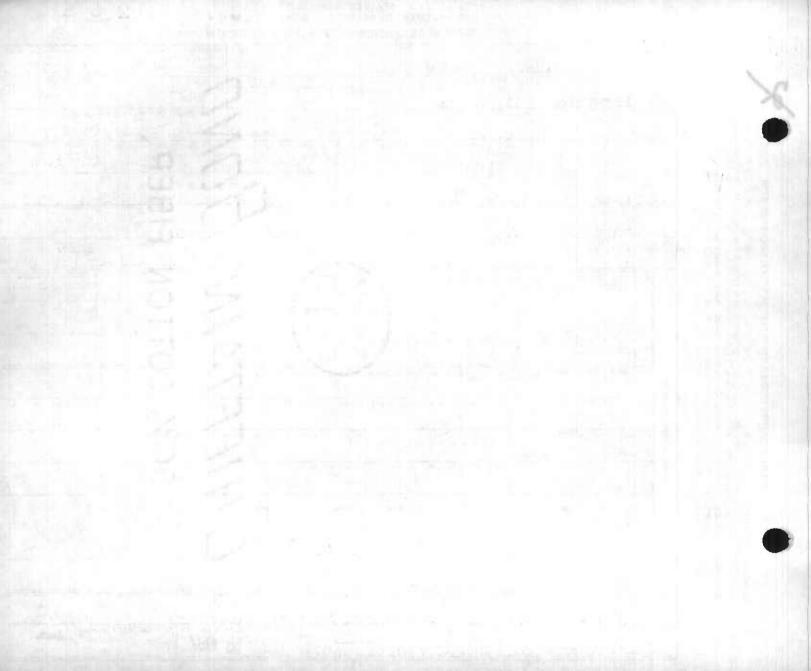
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156	DAT H	1 0	REGISTRAR CEASED NAME	FIRST		MIDDLE	EXAMIN	EK 3 (EKIIFIC	CATEO	F DEATH	REO. 140			
			PE OR PRINT	1 110		MIDDEE			LASI			OF ESTI-		DAY YEAR	2b. HOUR
	OR. URS. EET.	-			CTOR	M.		AOUEC				EATH MATED		- 47	M
	SESE	3. SE	×	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER		DATE	MONTH E	DAY YEAR	R 2d HOUR
	ON SON		ale	White	Dec/7/19		39 YR			HOURS		DEAD	5-12-	-8719	2:26am
	RAIL Y ALESS		IRTHPLACE (ST.	ATE OR	76. CITIZEN OF WHA	AT COUN	ITRY?	8. MARRI	ED NE	VER MARRI	IED 9 8/	ALTIMORE CITY O	R COUNTY (OF DEATH	
	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. ED, WITHIN 72 HOURS I. W. PRESION STREET,	198	uatama.	la	U.S.	Α.		WIDOW	-	DIVORC		nne ARund	del Cou	inty	MD
	A SE	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NUI	RSING HOME	OR OTH	ER INSTITU	TION	120 USUAL C	OCCUPATION (TYPE		KIND OF E	BUSINESS
	30000	G	len Bur	nie	North Ar	unde.	l Hospi	tal			Che	OF WORKING LIFE)	Re	or indus	
5	ANY DE ANY DE RETAIN TOULD BECORD		AL RESIDENCE		R OTHER INSTITUTION GIVE	RESIDENCE	BEFORE ADMISSIO	N)						Jocaul	. arrc
21201	AND AND SET AND SECOND		ryland	Anne	Arundel		ORTOWN		YES X	NO [13e. STREET A		M C+	/ 21	1/1/1
MD.	- S. S	14. F	ATHER'S NAME	17111110			VCTII		- / -	R'S MAIDE		Sparro	N CL.,		144
ř.	K 10 25 0)	Juan		MIDDLE		LAST CODO		FI	IRST		WIDDLE	llan	LAST	-
Q Q	A A CO	16a.	WAS DECEASED	EVER IN U.S. ARM	AED FORCES?		ueche	NO.	17. INFORM	Mari	d	ADDRESS		nande	5
BALTIMORE,	Eggsso	0	ES, NO, OR UNKNO	WN) (IF YES, GIVE V	VAR OR DATES)				C	0					11 17
	NO S	1	NO LIA CAUSE OF	DEATU/E	None			2/2	Susa	na A	quech	e (Wife) Samo		# 13.
ST.	323		PART I DE		y one couse per line for									BETWEEN ON	SET AND DEATH
NO	ESENS.		81	MMEDIAT	E CAUSE (o) Mul										
PRESTON ST.,	A SARA	/	Condition	s, if ony, which	DUE TO, OR A	S A CON	SEQUENCE)F							
4	WITH STANFORM STANFOR		gave rise	ta immediate	(b)										
2	BAS AND		lying caus		DUE TO, OR A	SACON	SEQUENCE C)F							
Š.	JOSE STORY		BART O DYNER CIC	NIFICANY CONDIVING	(c)										
RECORDS,	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH CATE, WRITING THE WORD "PENDING" IN PENDING THE WORD "PENDING" IN PENDING BE FORWARDED TO THE CHIEF MEDICAL EXAMILE BY DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIN THE STATE OFPARTMENT OF HEALTH AND RHY WARYLAND, 21201 PRIOR TO BURIAL, CREMATIC OR	z	PARI Z UINER SIU	UILICAUL COMPILIONS C	ONTRIRUTING TO DEATH RU	1 NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a.s.				
Ŭ.	ANE CALL	CERTIFICATION	19a. DATE OF	OBERATION	Tim constru	DILEGRI		7101111							
₹	SHOULD ORD "PE CHIEF A E USED A T OF HE URIAL, C	2	THE DATE OF	OFERATION	196 CONDITIO	JN FOR 1	WHICH OPER	AHON W.	AS PERFOR	WED?			2	0. AUTOPS	
OF VIT	WORD WORD ME US BE US BURIT	- 5	21a. EXTERNA	CALISEWAS	21b. TIME OF I	A L Lu (D)/		Tax						YESXX	NO
	CERTIFICATE TING THE WOED TO THE SEA SHOULD E DEPARTMEN		UNDERLYING	⊠ OR	HOUR A.M.	MONTH	DAY YEAR	dri	ver of	occurrei f an	D (ENTER NATURE	ich went	ART I OR PART 2)	a ho	NICO
DIVISION	SAR SIOR	MEDICAL	CONTRIBUTION 21d. INJURY O	IG CAUSE OF D	EATH ZAM P.M.			bei	ng tra	anspo.	rted by	pich went	or/tra	iler	use
Ž.	WRITING WRITING ARE 3 SH AGE 3 SH ATE DEPA	N N			CTREET EACTOR				TREET		CITY	OR TOWN	COUNTY		STATE
	WR WR WARE		AT WORK	AT WORK	hgwy.			Rte	. 3&Rt	te. 3	2	Glen B	urnie,	Mary	land
	ATE SHE		22a. I certify	that I taok charge	of the remains descr	ibed abo	ve, held on	Autops	y X.	Inspection	n . Inc	quiry . one	d in my opinia	ın	
	EXAMINER CERTIFICA UID BE FO DIRECTOR WATH THE		death resulte	d from: Noture	ol causes . A	Accident	X Suit	ide .	Homici	ide .	Undetermin				
	MILD HERT		100	VI and	20	di			TITLE (SF	PECIFY)					
	AAAAAA —		ACTUAL SIGNATURE_	Mour	to une	M	ell	M.	D Assi	istan	L_MEDICAL	FXAMINER	DATE	5-12-	87
	CUTE THE SE 4 SHO FUNERA FUNERA FINORE,		EXAMINER'S N	IAME 34									3101420_		
		+	(TYPE OR PRIN	Marg	arita A. K	(orel	1,M.D.		ADDRESS	111 1	Penn St	reet			
	5AA 5AA A	23a.B	URIAL, CREMAT	ION, REMOVAL 23	b DATE	23c. N	IAME OF CEM	ETERY OF	CREMATO	ORY	23d. LOCATI	ON	COUNTY		CTATE
07/84	BP		Burial	1	May/16/8	7 Wa	shinat	on Na	at'l.	Cem.	Suitl			Mary.	land
25M	DHMH - 17	24. F	UNERAL DIRECT	OR			Georgi		10		EC'D. BY REG		TRAR'S SIGN	ATURE	
	(VR A15 ME (5))	W.		bers Co.	. Inc. S	ilve	r Snri	nn. N	1d	AAV 1	9 1097	1 . New	dien Par	dalle	20



) 5 3	3 1 2 7 144		1,	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		2 5 5	5
			. DEC	EASED NAME FIRST	MIDDIE	ŁAST	REG. NO. 20 DATE OF DEATH MONTH DAY	YEAR 2b	HOUR
	og be			Lillian	Virginia	. Arthur	5-8	-87	1; AMM
	a pod		3 SEX		4 RACE	5. DATE OF BIRTH			UNDER 24 HRS
	rector		F	emale	White	9 27 1900	80 YRS		OURS MIN.
	P. P.	1	7a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	FDEATH	
4	eoth and	0	n	largland	U,S,A	WIDOWED DIVORCED	Anne Arunde		MD.
	A 119	5	_	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BI	USINESS OR
5	建/图	2	_	len Burnie	North Arund		Sales	Ketai.	<u> </u>
10 21	24 hou		13e. S	TATE 136 COUN	NTY 13, CITY OR TOW	N 1134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3/3 HOS pit al		to.Ma.
IA	E 25. D	-	_	THER'S NAME	1. Joseph Bu	15 MOTHER'S MAIDEN NA		017	11001
AARY	p #90 #	17		FIRST	MIDDLE LAST	ood FIRST	Unknown more	rat 1/3	AL STU
R. A	ecute	7		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		E. Pagurya SADDRESS (A)	Hs Loun	d
WO	be ex	N.	IA	ES, NO OR UNKNOWN) I IF YES, GI	212-03-	7226A Mr.Richa	1 1 20	rida	
BALTIMORE	d Page			18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and			APPROXIMAT BETWEEN ONS	TE INTERVAL SET AND DEATH
ST., B	certificate ing gynicit rhangsprince incertificate			PART I DE ATH WAS CAUSE IMMEDIA	TE CAUSE (0)	interpiral	or alrest		
	E 000000				DUE TO, OR AS A CONSEQUE	NCE OF			
PRESTON	the death the ottend remove co emotion, o			Conditions, if any, which gove rise to immediate	(1b) AS (CVD C	HT		
. P.				couse (a), stating the underlying cause last	DUE TO, OR AS CONSEQUE	NCOOF 11	201		
102	ed by please rial, cr	3.4			(c) tra	well, Mi	ellious		
DS,	sign hen to bu		N	PART 2 OTHER SIGNIFICANT	Herros els	A CO	MINAL DISEASE OR CONDITION GIVEN	IN PAKI 110	
RECORDS	been mit. I	7	ATE	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS	S USED
1 8	ws ws	7	CERTIFICATION				YES NO YES	NG CAUSES OF	DEATH?
VII	IAN: The physicia rificate b I-tronsit ol Hygie	7	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM TE PART	T OR PART 2)	
Ö		7	CAL	OR CONTRIBUTING CAUSE OF DEA	NIII	19			
DIVISION OF	PHY ending the bund w		MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	Z + 0 + 0			AT WORK AT WORK	ital) attended the deceased from_	4 19 10 8	3 . 5 X 10	87	ot (I) (we) lost
	TTENDI or or or of Heal				ot) view he bady after death	ond that in (my) (our) opinion	death occurred on the date and hour o	_	
	NR AT HOSP HOSP HECT IRECT CONTROL OF THE MEDIT OF THE ME			above, (I) (wg) (did) (did no 22b. SIGNAT/URE/	ot) view.the bady after death	DEGREE		22c. DATE SIG	SNED
	0 5 0 0 7			1-114	1.00/2.	MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	F Y	87
	HOSPITAL Of the FUNERAL Of the Stote Dortant: H	1		THE PHYSICIAN'S NAME THE	OR PRINT)	1 22e ADDRESS		V0_	
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	5 5 5 3 X			URIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY	234 LOCATION	OUNTY	STATE
	BP			Burial	5/9/1987 Pi	ne# Grove Cemt	. Mt.Airey, Dama:	scus	Marylan
	DHMH - 16 50M 4/83 (VRA 15, 4)	3		neral director Ba	lto.Md.21230 al Home, 130 PRESSI		ATE REC'D. BY REGISTRAR 236. REGISTRA Y 1 1 1987 Julia Da	R'S SIGNATURE	
	(4111 10, 4)				,	IVIA	11 2 1001		



		1	FOR			DEDART		OF MARYLAN		well /	- 1	2	0	5 2	
		1-	STATE					ALTH AND MI						9 1	
0527	2 1 1619	T Ac	REGISTRAR	FIRST	IM	MIDDLE	EXAMINE	'S CERTIFIC	CATEC		REG. I			4	
MAG	C 11 111111		E OR PRINT)			WIDDLE		LASI		2a. DATE OF	ESII-	MONTH	DAY	YEAR	2b. HOUR
	数品品品品			Lillia		Grace		Auburge	er		MATED	5/	3/ 1	9 87	M
n/	2025	D. SE		4. RACE	5. DATE OF BIRT		6 AGE IN YEARS LAST BIRTHDAY)		IF UNDER	24 HRS. 2c. DATE		MONTH	DAY	YEAR	ZE HOUR
K	N22087	F	emale	White	11 27	28	58 YRS.	MONINS	HOURS	DEAD		5/	3/	19 87	5:13 P M
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	254572	1	Marylan	d /	U.S.A			IDOWED NE	DIVORC	ED 🗵 Ani		undel	Cou	nty,	MD.
	5年2日また人	10. C	ITY OR TOWN		11. NAME OF H	OSPITAL, NU	IRSING HOME, O	R OTHER INSTITU	TION	12a USUAL OCCUI	PATION IT	YPE OF WORK	126 KIN	D OF BUS	INESS
	404			Burnie			del Hosp	ital		Store M		2r	Salv	atio:	n
- 5	200		AL RESIDENCE TATE	(IF IN NURSING HOME OR			OR TOWN	had theme of	17V 111117c2		10.76		AL	шу	
212	る名を見るこう		aryland		imore_		o. Highl	13d INSIDE CI	NO V	130 STREET ADDRE		oimo T		212	27
9	# 2500	Section 201	ATHER'S NAME	TVDALE		Daic			R'S MAIDI	133 Warw		птел	ane	212	
- 2	まれる95/30	1	FIRST		MIDDLE		LAST	-	IRST	M	IDDLE		1./	AST	
O.	20800	16a. \	Harry WAS DECEASED	DEVER IN U.S. ARM	ED FORCES?	16b. SO	Roloson	D. 17 INFORM	arrie	2	G. ADDRE	SS	010		
NE S	SSS SSS J	J. D	ES, NO, OR UNKNO	WH) (# YES, GIVE W			-24-8888		77 C	Auburger,			212	22/	i
2	SPER	F	NO LIL CALISE O	E DEATH (E				Ilari	y C.	Auburger,	SI.	133 A		ROXIMATE	
ti	MAT WAT		PARTIDE	F DEATH (Enter only ATH WAS CAUSED	one couse per li BY:			tic Card	di ove	scular Dis			BETWE	EEN ONSET	AND DEATH
NO.	A SE		1000	IMMEDIATE				ocic care	II.Ova:	scular DIS	sease				
10	NA PARA		Condition	ns, if ony, which	DUE TO, C	DR AS A COI	NSEQUENCE OF								
ă.	F A S A S A S A S A S A S A S A S A S A		gave ris	e to immediate	(b)										
3	DEST NO		lying cou	stating the <u>under</u> se lost.	DUE TO, O	DR AS A CO	NSEQUENCE OF								
2	5.22400				(c)						900				
ORD	NA PERSON	2	PART 2 DINER SIG	INIFICANT CONDITIONS CO	INTRIBUTING TO DEA	TN BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDITION	N GIVEN IN PA	RT I to	674				
20	B SE E ENDIN MEDIC CREM	FICATION	19a, DATE OF	OBSDATION	lui co.										
7	CHIEF OF HE CARAL	15	170. DATE OF	OPERATION	196. CON	DITION FOR	WHICH OPERATI	ON WAS PERFOR	MED?				20. AL	TOPSY?	
5	第89 第5 第1	I B												s 🔀	NO 🗌
ŏ	TAN TOWN	U	UNDERLYING	L CAUSE WAS		OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM	8 PART 1 OR PA	ART 2)		-
NO.	英中の方を見	13	CONTRIBUTION	NG CAUSE OF DE		.M.	19								
20	S S S S S S S S S S S S S S S S S S S	9	21d. INJURY C		ŽIE PLAC	E OF INJURY	I AT HOME,	II. LOCATION		CITY OR TO			YINU		STATE
ō	WE WE	2	AT WORK	NOT WHILE AT WORK				, , , , , , , , , , , , , , , , , , ,		CITY OR TO	W M		UNIT		SIATE
	A SE		22a. I certif	y that I took sharge	of the remains d	described abo	ove, held on	Topsy X	Inspectio	n , Inquiry		and in my or	מפוחומ	5.50	
	■ 日本3		death resulte	d from Natural	Leauses XX	_ Accident	Suicid	Ulomic	ide .	Undetermined mo					
	ARY ARY		/	11710	+/	19/	1 4	DI AUTE ON	COLUMN TO STATE OF						
	A PROPER	1	ACTUAL SIGNATURE _	Mull	les !	100	Mun 1			TE MEDICAL EXAM	INIED	DATE		5/4/8	7
	A SHORAL NORE, A SHORAL NORE, A SHORE, A SHORE, A SHORE, A SHORAL NORE, A SHORE, A S	V				1	11	(0.10)		MEDICALEXAM	IINEK	SIGNE	-0	, 1, 0	
	XECUTE THE AGE 4 SHOOL OF PUNERAL LITER DEATH ARTHMORE.	13	EXAMINER'S	NAME Denn	is F. S	myth,	M.D.	ADDRESS	1:	ll Penn St					
	DXX DXX	23a. B	URIAL, CREMAT	ION, REMOVAL 23h			NAME OF CEMET	RY OR CREMATO		123d. LOCATION	-				
07/84	вр	13	Bur.		5/7/87			rk Cemet		CITY OR TOWN	***	cou		STAT	
25M		24. F	JNERAL DIREC							Baltimo REC'D. BY REGISTRA	D 756 PE	SISTRAR'S S	CONTACTU	aryla	and
	DHMH - 17 (VR A15 ME (5))	H	ibhard :	Funeral Ho	ADDRE		7 Wilken	229	MA	. 0 1007	Julie	Dund	ass. Ke	morning	



			STATE OF MARYLAND	8 /	12000
LIO PIVO	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		ידיעריד
E # 1 0 161 2	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
nay be poge 3	(TYPE OR PRINT) GENEVIEV	E . V.	BAHR		5 21 87 3:10
e 4 may cfar, pag s offer d	FEMALE	CAUCASIAN	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR IF UNDER 24 HRS
oath. Pog	BIRTHPLACE (STATE OR FOREIGN) MARYLAND	U.S.A.	8 MARRIED NEVER MARRIE WIDOWED DIVORCEI	9 BALTIMORE CITY OR ANNE	
# 54	GLEN BURNIE	II. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUN)	SHOME OR OTHER INSTITUTION DEL HOSPITAL		N 12b. KIND OF BUSINESS OR INDUSTRY
2 E 3 2 1	JSUAL RESIDENCE (# NURSING HOME OR C 130. STATE 136 COUNT 1ARYLAND A.		RNIE YES NO	7525 Holl	zip code ybrook Road 2106
P 2000	WILLIAM	RIPPEON	15 MOTHER'S MAID JENN	E MIDDLE	FOGLE
be execution and construction and constr	60 WAS DECEASED EVER IN U.S. ARA (YES, HOORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 214 20			aryland 21061 Hollybrook Road
es that the death certificate ted by the attending physic please remove carbon pape urial, cremotion, or removal. , or ather traumatic event, th	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI CO	1 1 1 1	ta Hert	Carley Re	CULLUM PART LIE
. low required as been signal of the prior to be we any injury	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
iysician: The ding physician is certificate h burial-transit p. Mental Hygier ar hem. 18 sha	OR CONTRIBUTING TO CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	YES NO	YES NO
NG PHYS offer this os the but th and Morked or	OR CONTINUENT MEDICAL EXAMINER) (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER)	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, EA	RM ETC 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTEND aspital a ECTOR: A d far use t of Hea m 21 is m		of diended the decreased from		pinian death accurred on the dat	that (I) (we) lost e and have and from the causes stated
by the horse state Direction of the Dire	226 SIGNATURE	My B Roum	DEGREE ATTEND PHYSIC 1220 ADDRESS	IAN DIRECTOR PHYSICIA	IN D
TO HOSPITAL (retained by the TO FUNERAL I should be detained to with the State (IMPORTAN); if	ORGE RAMI	Addition of the late.	GLE	7845 OAKWOOD N BURNIE MARYL	
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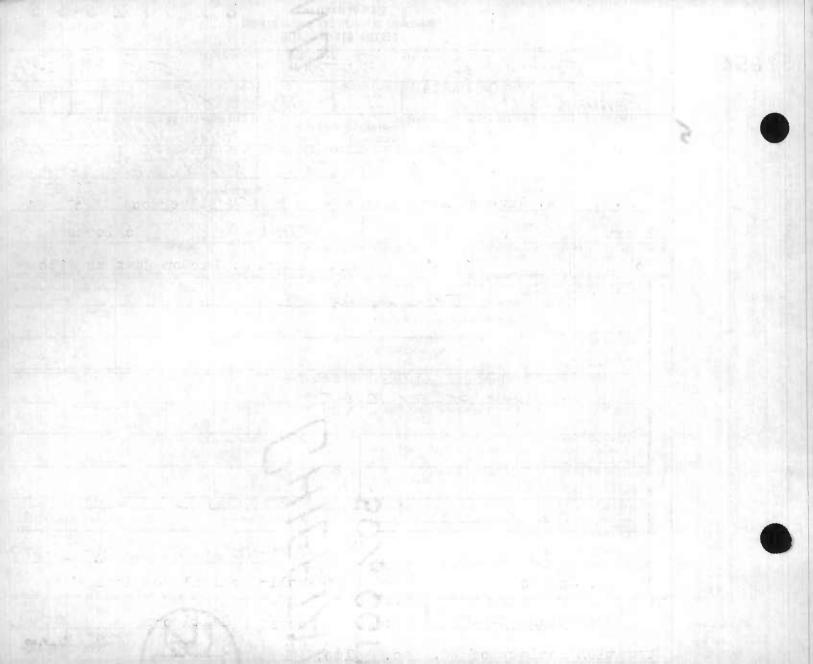
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~	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TIENE REG. NO	12054
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equires Their pl to buri	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRACTING 10	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART TO
he low fon.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\backslash} \text{NO} \(\text{\backslash} \)
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pitol pitol TOR for u		saw the deceased alive an abave, (I) (we) (did) (did no	t) view the body after death.	and that in (my) (aur) apinian	death accurred on the dat	te and haur and from the causes stated
AL OR A the hos AL DIREC detoched detoched it: If them		226 SIGNATURE VARCE	r Hone mx		MEDICAL STAFF	224. DATE SIGNED 5/1/1987
TO HOSPIT TO FUNER should be owith the Site		Dr. Marcie		Hammonds L	ane, Balto	., Md. 21225
BP		Burial Burial		NAME OF CEMETERY OR CREMATORY ester Cemetery	23d LOCATION CHESTER TOWN	own, Kent, Md.
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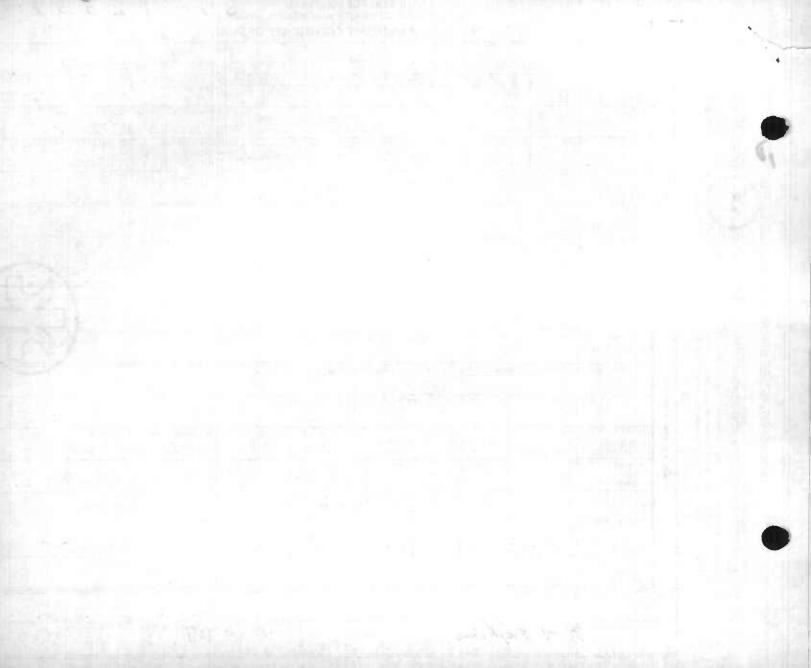
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(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY COUNTY	STATE
270.1 certify that (I) (this hospital) attended the deceased from \$ 19 000 points death occurred on the date and hour and from the above, (I) (we) (did (did not) when the body after death.	that (1) (we) last the couses stated
DEGREE 72b. SIGNATURE O O O SO THE DESCRIPTION DESCR	TE SIGNED
A. Caputo A. Caputo Annapolis General Hospital	
BP. Cremation 5-3-87 Security Process Baltimore	STATE Md
AH-16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIRECTOR ADDRESS (VRA 15, 4) 258. DATE REC'D. BY REGISTRAP 256. REGI	



citings for the control of the selet on a small The ----The second of the second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIN TA BTATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO I. DECEASED NAME KNOWN X MAY LTYPE OR PRINTS LYNNE DEATH MATED 5-12-87 **JENNIFER** BECK 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Sept 3, 1966 20 Female White 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED V NEVER MARRIED Maryland USa Anne Arundel County DIVORCED [WIDOWED I CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Telephone Operator Westinghouse (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Arundel Hospital Glen Burnie SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 1136 COUNTY Glen Burnie 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Anne Arundel Maryland NO X 7 Emerson Avenue 21061 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Helen Munck Susan Glover 17. INFORMANT (Father) 16h SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IF YES, GIVE WAR OR DATES) 217.90.9646 William C. Munck #13 Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries MMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SINCE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF CHIEFER DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITCHES STATE DEPARTMENT OF SHAFE DEPARTMENT OF S YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR
CONTRIBUTING CAUSE OF DEATH passenger of a motorcycle/auto impact 214 INJURY OCCURRED 21e PLACE OF INJURY 71L LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Quaterfield Rd. At. Rt. 100 Anne Arundel Co., N hawy. Autopsy X 22e I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined monner death resulted fram: Natural causes Suicide Homicide ... TITLE (SPECIFY) 5-12-87 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Margarita A. Korell.M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation May 13, 1987 Security Process, Inc. Catonsville Balto .70 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Singleton Funeral Home Glen Burnie, Maryland (VR A15 ME (5))



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	EALTH AND A		IENE REG. N	10.		ED	T
0		CAROLE	HRST	H	MIDDLE	BELTON	AST		2a, DATE OF DEATH MAY	MONTH 3,	1987	26 HC	PM M
	3. SEX	FEMALE	4	CAUC	ASIAN	5. DATE C	F BIRTH	49	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DA		MIN.
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	23a. B	URIAL, CREMATION, REA	MOVAL	236. DATE 5/6/8		Crowns			23d LOCATION CITY OR TOWN Crownsv	ille	AOUNA	Mđ	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

TO FUNEPAL DIRECTOR.

Raymond C.Fink Glen Burnie, Md. 21061

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- SE HOSPIENE ORIVE, SUITE 204 GLEV BURNEE, ANNYLAND 21001

AMES J. BLESS, 111 M.D.

50017	111	FOR STATE REGISTRAN		DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL I CATE OF DEATH	HYGIENE 8	REG. NO.	1 2	57 :	EDT -
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(VRA 15, 4)

STATE OF MARYLAND

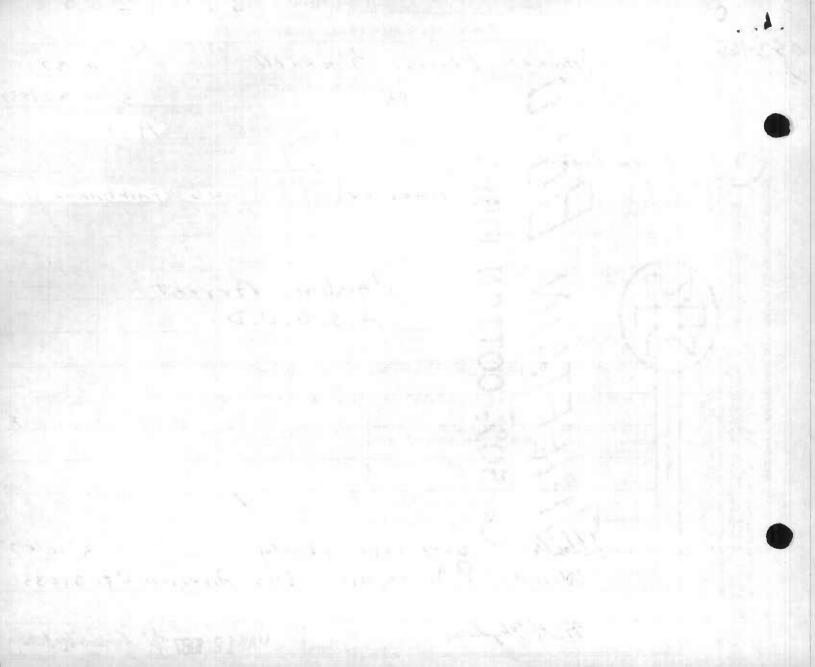
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Bi	P			BURIAL		5/21/	87	Crown	saitte			swille	A°A.	Md STATE
DHM	H - 16 60M	7/84		JNERAL DIRECTOR			ADDA	RE(e)	03.00	250 DA	TE REC'D. BY REC	ISTRARIOS DEC	Diowin &	UR
	(VRA 15, 4)		Ra	ymond C.	Fink	Glen	Burr	ie, Md	2106	T MA	140 80	1 Amount		

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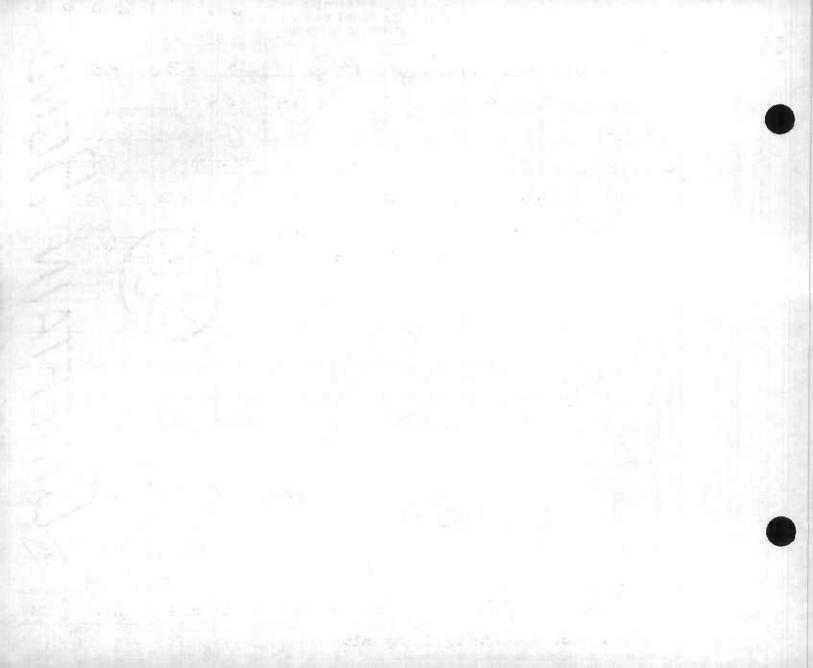
The surprise of the second sec

STATE OF MARYLAND - STATE REG. NO DECEASED NAME 2a. DATE KNOWN HTMOM IT LTYPE OR PRINTI OF ESTI-May ewis DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR DATE LAST BIRTHDAY) May' June 17, 1931 PRONOUNCED White Male DEAD 4 YRS Th CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED X Anne Arundel County Washington, DC WIDOWED [ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY (IF NOT INDUCH FACILITY, GIVE STREET ADDRESS) Service I.T.T. North Arudel Hospital LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130. STAJE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1446 Fairbanks Road Maryland Anne Arundel NO IX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert Lee Blackwell Margurite Morris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Sister) 16b. SOCIAL SECURITY NO. ADDRESS 117 Riveriew 7West (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No NA 577,40,1239 Mildred Madden Great Falls, Mo. 59401 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY nnest. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF . S. C. V. D. Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) ED AS A I 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE C. YES -NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK AGE 4 SHOULD BE FORWAR O FUNERAL DIRECTOR: PAGI FTER DEATH, WITH THE STATE ALTINORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Natural causes Suicide Hamicide Undetermined manner ACTUAL MEDICAL EXAMINER PAC AFT BA Mt. Moriah Church 23d. LOCATION 1987 Albemarle Co., Virginia Burial May 14. 07/84 Cemetery 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Glen Burnie, Maryland (VR A15 ME (5)) Singleton Funeral Home



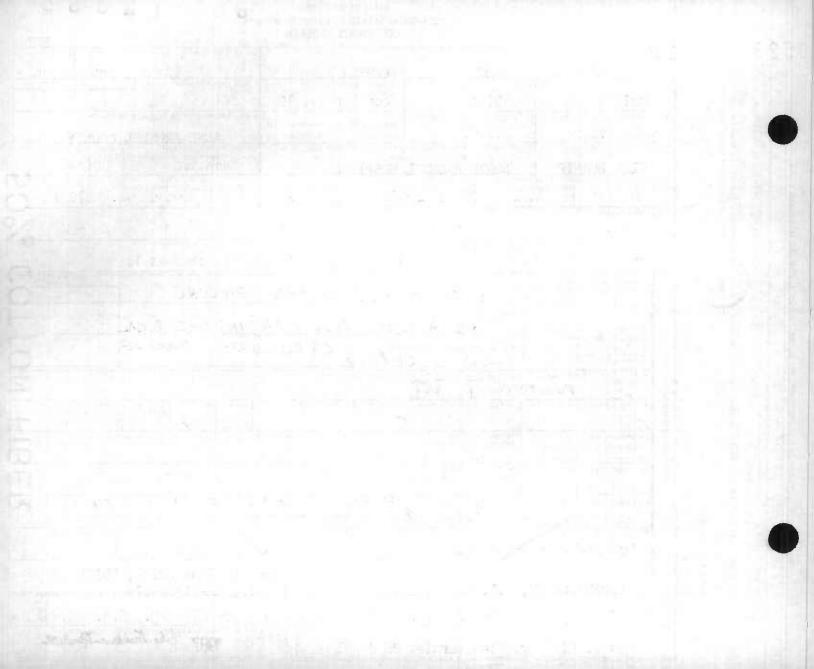
		FOR	DEP	STATE OF MA		8 /	12	0 0 3
	1.	STATE REGISTRAR	DEF	CERTIFICATE		1	- H 4	34 - M - 13
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moy be poge 3	3. SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		ER I YEAR IF UNDER 24 HRS
office 4	6	20001	1.11-1-	C MONTH	DAY YEAR	01	MONIN	DAYS HOURS MIN.
Poge direct hours	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY?	2,1704	9. BALTIMORE CITY C	YRS.	FATH
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and the contract of the contra	10. C	1100	11. NAME OF HOSPITAL, NI		DIVORCED [120. USUAL OCCUPAT		KIND OF BUSINESS OR
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2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	130.	TATE 136. COUNT			^	254 Kins		e Street
the self	14. F	ATHER'S NAME		15. MOI	THER'S MAIDEN NAM	AE .	0-6046	E STICE!
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		VAS DECEASED EVER IN U.S. ARA		SECURITY NO. 17. INFO	ORMANT	ADDR	ESS Same	
n and c	- (YES, NO DRUNKNOWN) (IF YES, GIVE	WAR OR DATES)	1-10028 Ru	chard F	Blaul-	the	3
physicial papers.		18 CAUSE OF DEATH (Enter onleant). DEATH WAS CAUSED	y one couse per line for (a), (t		Carra Carra	E ICA COL		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (0) DULL	worths 50	Suut		8-1-2	1. HR
6 000			DUE TO, OR AS A CONS	EQUENCE OF			New York	
droth control of the		Conditions, if ony, which			CARDIAC	INPAZ CTION		1 HR
a la		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	/				
4 7 5		underlying couse lost.	(e)					
b b	7	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT REL	LATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART No
9 9 9	CERTIFICATION				47.34			
hos bec	ICA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS P	PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
- the contract	RTI			To the same		YES NOTE	YES 🗌	NO [
ZYOUT		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I O	R PART 2)
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1000	MED	21d INJURY OCCURRED WHILE NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	CATION	CITY OR TO	OWN CO	DUNTY STATE
Z + S = P		AT WORK AT WORK						2
DR. O.		220 1 certify that (1) (this hospital sow the deceased alive on_	C 0 Ca		19	leath occurred on the d	7 19 8	, 11101 (11 (110)
hospital hospital hed for hed for hed for them 21 tem 21		obove, (I) (we) (did) (did not 22b SIGNATURE	view the body ofter deoth.	DEGREE	(my) (aur) opinion c	occurred on the d		
0 0 0 0 =		aven a	Julian me		ATTENDING _	MEDICAL STA		1-9-67
SPITAL I by th JERAL Store Store		22d PHYSICIAN'S NAME (WIPE OR	eccurion.	•	PHYSICIAN	DIRECTOR PHYSIC	CIAN	3-7-01
0 5 5 F & Z		JOHN SACK			33 AVACEST	DR, Au	is notes in	11 21401
TO HOSP retoined TO FUNE should bit with the	220	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY		23d LOCATION	7,000,	
	230.	DONIAL, CREMATION, REMOVAL	230. DAIC	THE INAME OF CEMETER	OK CREMATORY	Z30 LOCATION		
DD		Selcient T	M. 11 1004	11 - 1 - 11	. 11	C CITY OF TOWN	1 094	STATE
BP DHMH - 16 60M 7/84	24 \$	Cremation UNERAL DIRECTOR	may 11,1987	CedarH	14 250. DATE	Surtlar		SIGNATURE

STATE OF MARYLAND

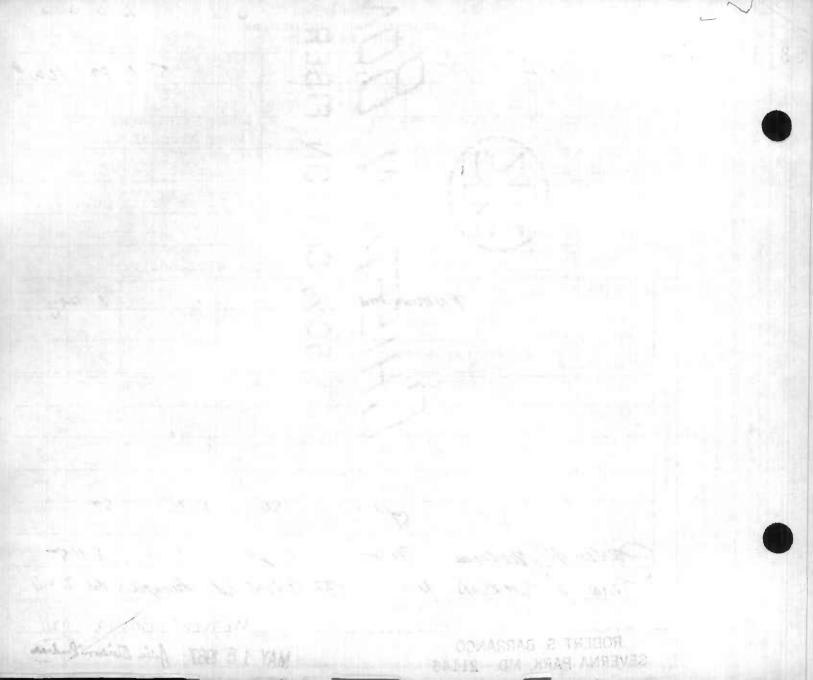


	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY CATE OF DEATH	GIENE REG. N	10		EDT
2347 MAY -		CEASED NAME FIRST	N	IDDLE	L/	AST	20. DATE OF DEATH	MONTH DAT	Y YEAR	26. HOUR
poge 3	LIAME	ORPRINT) WILLIAM	LEO		BONE	I.I.I	1	MAY 1	1087	8 05 M
Se de Va	3. SE		4. RACE		5. DATE O		6 AGE IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Page 4 mo director, po		Male	White		Decei	mber 13, 192	0 66	YRS	NTHS DAYS	HOURS MIN,
B B B B	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTR'	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
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in the feet	10 C	TY OR TOWN OF DEATH		OSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESSOR
by t		GLEN BURNIE	NORTH	ARUNDE	L HOSP	ITAL	(TYPE OF WORK FOR MOST		Deise	2]
24 hour filled in world be	13a. S	AL RESIDENCE (# NURSING HOME OR STATE 136 COUR MD A		Glen Bu	ore admission) own irnie	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS 409 Longy	ZIP CODE	e. 210	061
Online State		THER'S NAME	MIDDLE	LASI		15. MOTHER'S MAIDEN N			LAST	
		Steven		Bonelli		Katherin	e		Kenn	edy
wecu nd co		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDR			- 4- 178
Pope		YES OR UNKNOWN) (IF YES NOW	2	128-10-	8330	Margaret B	onelli, same	e as 13		
1 (1 1 1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per	line far (a), (b),	and (c).)	0.0000	FA 4		BETWEEN	MATE INTERVAL INSET AND DEATH
1 1		IMMEDIA	TE CAUSE (a)	ARDION	4 - KES	PIRATORY	FAILURE			
£ 500 to				AS A CONSEC		CDIDALCI	0 141 008	000141		
e de de de hande		Canditians, if any, which gave rise to immediate	(b)	MOTAS	114110	COLON CI	A, INT.OBS	KENAL		
4 6 4 5 5		cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEC	UENCE OF	GI BLE	EDING : F	AICURL		
4 5000		PART 2 OTHER SIGNIFICANT (CONDITIONS CO	NTRIBUTING TO	D DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	N IN PART No	
the state of	O	ANG		1 M						
1 11117	CAT	19a. DATE OF OPERATION	196. CONDI	TION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, N	WERE FINDIN	GS USED
26 241	CERTIFICATION				9-19		YES NO	YES		NO [
24 114 TO		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		A. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM TO PART	T (OR PART 2)	
28 6 6 6 7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	p. P.A		19					
The state of	MED	21d INJURY OCCURRED	21e PLACE C	ET, FACTORY, OFFIC	E. FARM ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Service of the servic	-	AT WORK AT WORK		1 11	1: 5	25	1 -		Pass	
A Table of the state of the sta		22a.1 certify that (1) (this haspi saw the deceased alive an obave, (1) (we) (did) (did no		1	0 .1	d that in (my) (our) apiniai	n death occurred on the d	ate and have a	~ /	hot (I) (we) last
A A A A A A A A A A A A A A A A A A A		obave, (I) (we) (did) (did no 27b. SIGNATURE	t) view the bady	ofter death.	-	DEGREE	4		22c. DATE S	
TAL O by the RAL Di detect detect hate De		Shohha	hedo	4			MEDICAL STA	FF CIAN [
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o HOS etchied TO FUN MAD A	_	SHORHA REDD				CIEN BUI	INTE MARVIA	ND 2100	51	
00	23a E	BURIAL, CREMATION, REMOVAL BUrial				METERY OR CREMATORY	CITY OR TOWN	DI.	COUNTY	MD
BP		JNERAL DIRECTOR	5 May	0/	nory C	ross Cemeter	MERECID BY PEGISTRAS	PK., F	P'S SIGNATI	IPE
DHMH - 16 60M 7/B4 (VRA 15, 4)		James S. Kirkl	ev. Gler	Burnie	MD 2	1061	TE REC'D. BY REGISTRAN	The Dru	door-for	rotell :
(**************************************		James of KillKi	cy , will	Juille	9 110 6	. 001		1		

STATE OF MARYLAND



	1,	FOR - STATE			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL		8 / NE	1 4	20	0 0
0 1 1 1111 10	0.7	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0		
b 4 har lo		CEASED NAME FIRS	1 4	MIDDLE		l	AST	1 2	DATE OF DEATH		DAY YEAR	2b HOUR
be 3 deoth		E OR PRINT) CCA	RA	N	7.	*	BOWE			5 1	1 87	1000%
F Feer B	3. SI	emale	Cat	ucasio	n	S. DATE C			AGE (IN YEARS LAST BIR	YRS.	MUNDER I YEAR	HOURS MIN
2 11 000	7a 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZI	EN OF WHAT C	OUNTRY?	8		- 9	BALTIMORE CITY C		OF DEATH	
1 15 /2		°Ohio		.S.A.		WIDOWE			Anne Ar	unde1		MC
1 11 90		Severna Par	k M	eridea	n Nur	Sing	ROTHER INSTITUTION	- 1	20 USUAL OCCUPATE TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE	12b. KIND (INDUSTRY HO:	of business or me
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1 13 1	14. F	ATHER'S NAME	No. look	N 15 1 1 1			15 MOTHER'S MAIDE	NNAME				
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2 05-1		18 CAUSE OF DEATH (Ent	or only one on	wa nas lina fas	Las (b) and							CIMATE INTERVAL ONSET AND DEATH
ficer desp		PART I. DEATH WAS CA	AUSED BY:	-)		1				BETWEEN	ONSET AND DEATH
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2 200		gove rise to immediate	te)									
1 2 2 2		couse (a), stating the		TO, OR AS A C	ONSEQUEN	ICE OF						
4 4000			- ((c)								
Spires Desp Sobury,	Z	PART 2 OTHER SIGNIFICA	ANT CONDITIO	ONS <u>CONTRIBL</u>	ITING TO DE	ATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CON	DITION GIVE	EN IN PART T	la
11017	CERTIFICATION	19a DATE OF OPERATION	196	CONDITION FO	OR WHICH C	PERATIO	N WAS PERFORMED		20a AUTOPSY?	Tools IE YES	, WERE FINDI	NCSUSED
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48 418 4	=								YES NO		5 🗌	NO 🗆
34 114 10	ICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (OF DEATH HO	UR A.M. MC			21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
2 512 6/	18	(IF EITHER NOTIFY MEDICAL EXA		P.M. PLACE OF INJU	DV	19	211 LOCATION					
E1 499 0	MED		FATH	OME, STREET, FACTO		M ETC)	STREET		CITY OF TO	WN	COUNTY	STATE
0 g 1 1 2 4	-	AT WORK NOT WHILE					ACCUMULTATION OF THE PARTY OF T					
0 8 4 8 9 6		22a I certify that (I) (this	haspital) atten	ded the deceas	sed from	12-	. 7. 19	86	10 5-11	, , ,	0 87	that (I) (we) lost
# B B S S S S		saw the deceased aliv	re an	-5	19_8	7 . on	d that in (my) (our) op	omon dec	ath occurred on the de	ate and how	and from the	
A 9 17 4 9 5		above, (l) (we) (did) (d	id not) view the	e body after de	ath.				The desired on the de	ne and noor		
8 4 E 2 5 4		226. SIGNATURE	-				DEGREE				22c DATE	SIGNED
7 75 7		Marion 11	· Vice	luca	-6	43	ATTENDIN PHYSICIA		MEDICAL STAI		5-1	11-87
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E 5 - 2 2 2		BURIAL, CREMATION, REMO	VAL 236. DA	ATE	23c NA	ME OF C	METERY OR CREMATO	ORY	23d LOCATION			
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DHMH - 16 60M 7/84	24. 1	NAME ROBERT	S. BARI	RANCO	ADDRESS		250	e. DATE R	EC D. BY REGISTRAR		AR'S SIGNAT	
(VRA 15, 4)		SEVERNA PA	DIC AAT		4.0		1	YAM	1 5 1987	Julia,	Dundon	Kondons
			HATA, WILL	7 7 1 1				B-13-1-	TA MAIL	4		



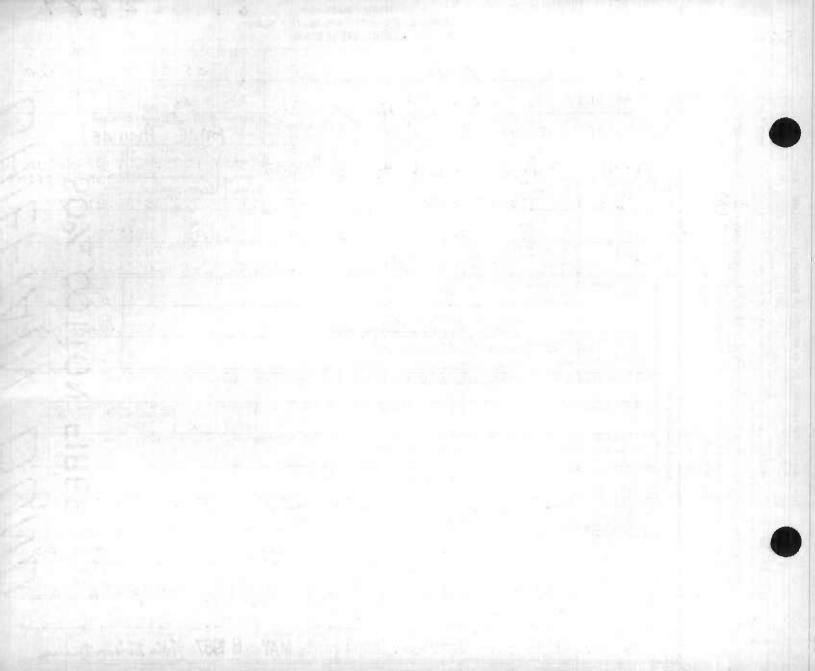
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

053053 11	1	FOR STATE, REGISTRAR	DEPARTN	STATE OF MAKTLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		12007
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
oth oth		OR PRINT) Nancy	Lee	Boyer	4	151
moy be poge 3	3 SE2	-	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	
4 9 9	_	emale	Caucasion	MONTH DAY YEAR	PAGE TANK BY	MONTHS DAYS HOURS MIN.
Poge direct	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OF	YRS.
4 70 75		OUNTRY)		MARRIED TO NEVER MARRIED	Anne Arunde	THE RESERVE TO STATE OF THE PARTY OF THE PAR
deoth.		aryland	United States 11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED D	120. USUAL OCCUPATION	T. MU.
by the filed with	4	illersville	(IF NOT IN SUCH FACILITY, GIVE STREET A 275 W. Pasadena	ADDRESS)	TYPE OF WORK FOR MOST OF	
24 hour	13a. S	STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN Arundel Millers	136 INSIDE CITY LIMITS?	13. STREET ADDRESS / 275 W. Pasa	ZIP CODE
i A	_	ATHER'S NAME	Atulidet Miliers	15. MOTHER'S MAIDEN NAV		dena Rd. / 21108
olete dmmd 2	1	FIRST	MIDDLE LAST	FIRST	WIDDIE	LAST
1 / 2/		Robert vas deceased ever in u.s. ar	H. Beasle		Ann	Johnston
Poge		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
14 5		No		Charles Boyer	(Same as #	
rtificate g physic on paper emoval.	1		oly ane cause par live for (a), (b), and D BY: TE CAUSE (o)	ATIC BREAST	CARCINO	SETWEEN ONSET AND DEATH
		in the both	DUE TO, OR AS A CONSEQUE	NCE OF		
death affend love col stian, o		Conditions, if any, which	(b)			
the the		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
ed by elease riol, c			((c)			
quires signe then pl to buri	N O	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART To
n. nos been permit. ne prior ws ony ii	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Sho gat a	E	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES NO
조급 불호등 리		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	CED (ENTER NATURE OF INJUR	TINHEM TO PART I ORPART 2)
A Whis	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOV	VN COUNTY STATE
(5 = 1 = 0 %	Σ	AT WORK AT HOT NAME	(AT HOME, SIREE), FACTORY, OFFICE FA	in the state of th	1/2	2 22 -
NDING of or of or		The t pertity that (I) this hospi	tall afferded the decepted from.	19 84	10_7/0	. 19 8 / , that (I) we) lost
TTE prito 170 for of F		above, (1) we idd idd bo	the body after death.	and their fr (my) (our) apinion of	death occurred on the do	te and hour and from the causes stated
- C ~ 0 0. 0		14 SKINHORE	4164	DEGREE		224. DATE SIGNED
0 5 1 9 7 7		James	CATA MEDAUL	ATTENDING PHYSICIAN	MEDICAL STAF	IANO 14/24/87
HOSPITAL ined by th FUNERAL wild be det h the Store		124 PHYSICIAN'S NAME THE	- James - All I	ADDRESS		
		(-) IANA H.	(9 RVFALES	TOO CATOL	HVE.	13ALT 21234
	23a E	BURIAL CREMATION, REMOVAL (SPECIFY) Cremation		AME OF CEMETERY OR CREMATORY Stview Crematory	Westview,	Balto., MD STATE
BP		INIERAL DIRECTOR				Sb. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84	14-10	NAME ROBERT S	. BARRANCO ADDRESS	MAYC	4 4000	SB. REGISTRAR'S SIGNATURE

0.1 109	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 1	2000
TO THE HAT .	9 4	STATE REGISTRAR	CERTIFICATE OF DEATH	REG, NO.	
		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 70	1	Gladi	is Jours Brady	man	1,1987 4 1
6 87	3, 56	4	GACE S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
4 90 00 0	15	emale	White Feb. 17. 1899	SS YRS.	MONTHS DAYS HOURS M
2 11 12	79.8	IRTHPLACE 11/41/2 C# FOREIGN 78	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 100	70	naryland	WIDOWED DIVORCED	Anne Ar	undel
1 100	19.0	TY OF TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS
1 1000	11	Innapolis F	Anne Arundel General Hospital	Homemaker	1
1 11 2	13a	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13e STREET ADDRESS / ZIP COL	Out .
2 競光	7 1	DA A	A. Annapolis YES NO X	1915 Genera	1 11 6
1 10 10	17	ATHER'S NAME FIRST MI	IDDLE LAST FIRST .	AME	3 0
The state of the s	4	Edward	Jouce Elviro		Cox
dies de		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Sa	meas
1 12 1/		No 1 -	216-48-8996 James R.	0 1	#13
a de la fa		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c)	9	BETWEEN ONSET AND DEA
4 441		IMMEDIATE		ular dis.	20 400
4 46 4			DUE TO, OR AS A CONSEQUENCE OF		4
the state of	1	Canditians, if any, which	(b)		
2 2115		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
the state of the s		underlying cause last	(c)		
and bearing and a series	2	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
1 11 1	CERTIFICATION				
1 11 11	1 2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
40 111 EZ	1 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216, HOW INJURY OCCUI		res NO
AND DESCRIPTION OF THE PARTY OF	at the second	OR CONTRIBUTING CAUSE OF DEATH	The state of the s	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
88 889 47	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 19 21e. PLACE OF INJURY 21f LOCATION		
1 4 1 9 9	MEE	NOT WHILE	(21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		AT WORK	ill attended the deceased from Way 7		
	13	220.1 certify tha (1) this haspita	in directors the deceased from	death accurred an the date and ha	. 19 that (1) we)
No Sile		saw the deceased alive abave, (I) we) (did) (vid not	view the body after death	death accurred an the date and ha	
ATTEN expetal ECTOR of for us r, of Ho m 21 a					
OR ATTENI DIRECTOR Diched for us Dept. of He	19	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
ITAL OF ATTEN by the hespitol SAL DIRECTOR e detached for us store Dept of Ho NT, if hem 21 in		22b. SIGNATURE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	डिन्के
OSPITAL OR ATTEN- ned by the heapted. UNESAL DIRECTOR for be detected for in- fine Stoke Dept. of Ho DRTANT, if them 21 in			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10.5
CO HOSPITAL OR ATTEN- recorded by the hespital TO FLUREAL DIRECTOR About the Store Dept. of the with the Store Dept. of the MPORTANT, if them 21 in		226 SIGNATURE 228 PHY IC IN'S NAME (TYPE OR P	ATTENDING PHYSICIAN PRINT) 272, ADDRESS Eman My Forest Dy	Tive Annapa	1000
5 5 5 3 3 4	23e	22b. SIGNATURE	ATTENDING PHYSICIAN PRINT) 272, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10.5
		27b. SIGNATURE 27d PHYNICI N'S NAME (TYPEORP 2001 HP. BURIAL, CREMATION, REMOVAL 35CEFY)	ATTENDING PHYSICIAN PRINTI) 272, ADDRESS EMAN, MI 236, NAME OF CEMETERY OR CREMATORY MAY 1981 St. Manu's	DIRECTOR PHYSICIAN PHYSICI	1000
5 5 5 3 3 4		226 SIGNATURE 228 PHY IC IN'S NAME (TYPE OR P	ATTENDING PHYSICIAN PRINT) 272, ADDRESS Eman My Forest Dy	DIRECTOR PHYSICIAN PHYSICI	10.5

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	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	870
noy be of the control		im R. Bra	SIEF	10.0	8-87 0600 M
oge 4 mo	3. SEX MALE	4. RACE WhITE S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. P funeral d thin 72 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA. 10. CITY OR TOWN OF DEATH	U.S.A. WIDOWE		* BALTIMORE CITY OR COUNTY ANNE ARUNDEL	CO. MD.
urs after h by the filed wife	ANNAPOLIS	17. NAME OF HOSPITAL, NURSING HOME OF THE NAME OF HOSPITAL, NURSING HOME OF THE NAME ARUNDEL GENERAL ARUNDEL GENERAL OF THE NISTITUTION, GIVE RESIDENCE BEFORE ADMISSION,	A STATE OF THE STA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF TRUCK DRIVER.	126 KIND OF BUSINESS OR INDUSTRY U.S. POST OFFIO
LAND 2	130. STATE		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 4900 ERIE ST	20740
E, MARY	LEON 160 WAS DECEASED EVER IN U.S.	E. BRASTER ARMED FORCES? 166 SOCIAL SECURITY NO.	BESSIE 17 INFORMANT	WIDDIE	UNKNOWN #2A
e be errection of the medic	(YES, NO OR UNKNOWN) (IF YES WW	GIVE WAR OR DATES) 200-12-8619	ROBERT L. BRA	SIER GAITH	IORTH SUMMIT AVE
d ST., BA	PART I. DEATH WAS CAL	r only one couse per line for (a), (b), and (c), 1 USED BY: DIATE CAUSE (a)	Seperatory	Falces	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o) W. PRESTON i, that the death i d by the offendi lease remove car lease remove ror iol, cremation, or	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	pena		5 grs
L RECORDS, 2 Le low requires nn. has been signe permit. Then p permit. Then p was any injury.	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED S, WERE FINDINGS USED S
DN OF VITA IYSICIAN: The ding physicical secreticate burnol-transit memory than 18 kg in the last physician and t	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR (NER) P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM TB. F	
DIVISION OF INDING PHYSICIA or offending pl R. After this certif use as the bornol-theolth and Mental Health and Mental is morked or them	220.1 certify that (1) (this ha	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Aspital pattended the deceased from	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE 19 that (1) (we) lost
AL OR ATTE the hospitude AL DIRECTO detoched for site Dept. of I	sow the deceased alive above (i) we) (did) (did 22b. SIGNATURE	not livew the body offer death.	DEOREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c, DATE/SIGNED
TO HOSPITA retained by TO FUNERA Should be de with the Stat MAPORTANT	DAUID	KRIMINS MID	Staw ST	Annapolis	MD 21401
BP	230 BURIAL, CREMATION, REMOV (SPECIFY) BURIAL 24 FUNERAL DIRECTOR		ND VET. CEMETE		P.G.C. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	W. W. CHAMBERS	CO. RIVERDALE, 1	Ma. 20737	TAY TO 198 7256 REGIST	RARUS SIGNATOR

- 1

TATE THE PROPERTY OF THE PROPE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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		RE	G. N	0.	- 1	- 17			
DAT	E OF	DEAT	Ή	MONTH	DAY	YEAR	2b H	OUR	
]	May	26.	1987			١

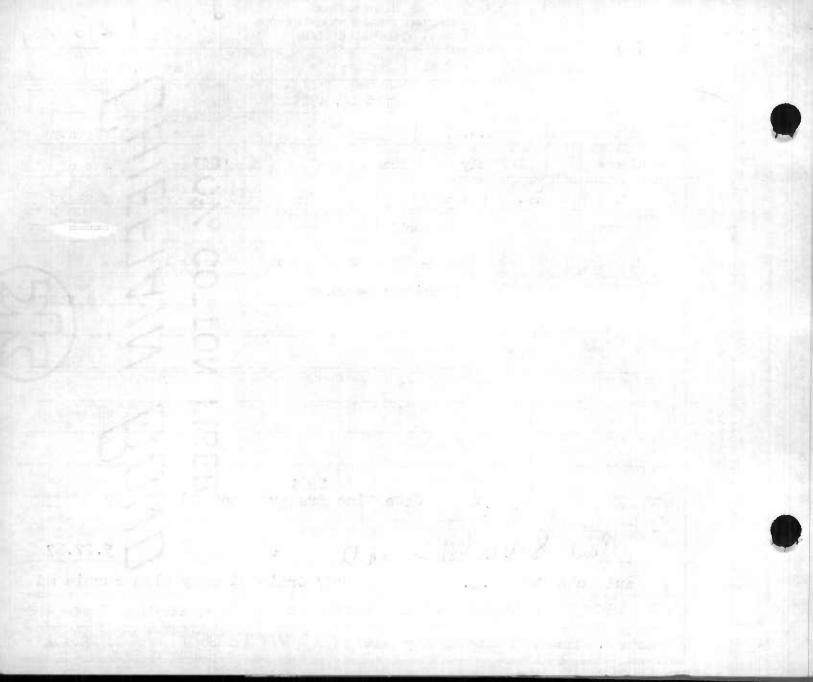
	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	2 6	71
	I DECEASED NAME FIRST (TYPE OR PRINT) JOSE	phine MDDI	_	rewer	20 DATE OF DEATH	May 26, 19	987 26 HO	UR M
	Female Female	White		of Birth \$t 16°, 1915	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER MONTHS YRS	DAYS HOURS	R 24 HRS
1	Pennsylvania	75 CITIZEN OF WHA	A. MARRIE	ED NEVER MARRIED DEDXX DIVORCED	9 BALTIMORE CITY C	ne Arunde		У мо.
	Baltimore	417 401		d (Home)	Book keep		IND OF BUSINGSTRY	
100		NTY 13c	RESIDENCE BEFORE ADMISSIONS CITY OR TOWN Baltimore	136 INSIDE CITY LIMITS? YES NO 🔏		ZIP CODE Cross Roa	ad 2122	5
2	Marton	WIDDLE	Kamenski	Mary	WE		Gie	rnacky
1 1	(YES, NO OF UNKNOWN) (IF YES, GI		50 CIAL SECURITY NO	Nancy Adcock	Same a		\$	
The state of the s	18 CAUSE OF DEATH: Enter of PART I, DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	Alzheimer A CONSEQUENCE OF A CONSEQUENCE OF	Desease		or or	APPROXIMATE INTI- TWEEN ONSET AN 8 ye	ears
	PART 2 OTHER SIGNIFICANT 199 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING		RIBUTING TO DEATH BUT		200 AUTOPSY?	20b IF YES, WERE IN CERTIFYING C. YES	FINDINGS USE	TH?
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE ALWORK ALWORK	P.M.	MONTH DAY YEAR	211 LOCATION STREE 1 981		JRY IN ITEM 18 PART I OR P	ART 2)	STATE
	220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATUS:	Self ()	19 07	DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN True ATTENDING PHYSICIAN ATTENDING PHYSICIAN True ATTENDING PHYSICIAN True True ATTENDING PHYSICIAN True True	MEDICAL STA	Internal hour and from	DATE SIGNED	toted
	Paul Schon 23. BURIAL, CREMATION REMOVAI (SPECIFY) BUTIAL			407 Crai	in Highway	ttsville		

DHMH - 16 60M 7/B4 (VRA 15, 4)

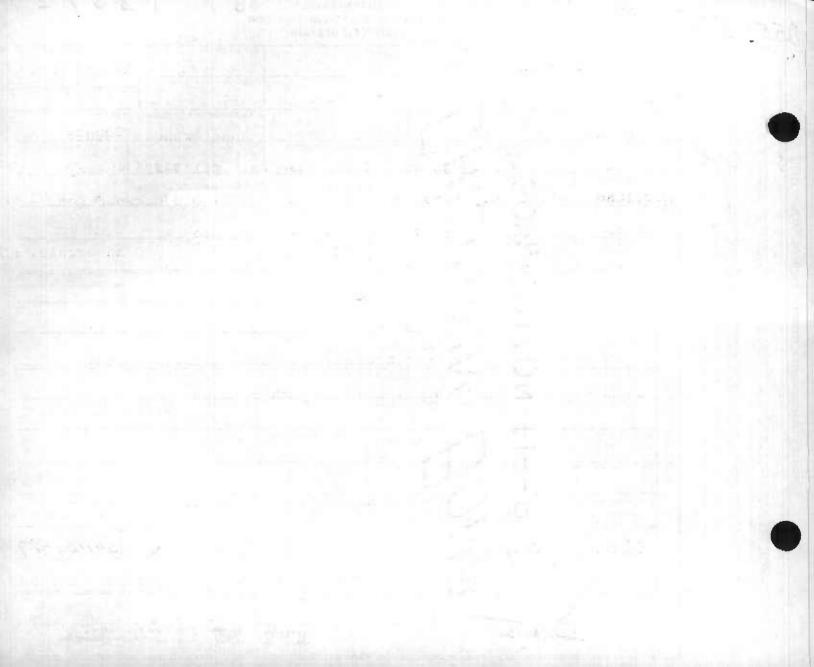
BP.

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie® Hgwy Balto Md

250 PATE RECO BY REGISTRAP'S SIGNATURE Solder Landelle



STATE OF MARYLAND 055280 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO L DECEASED NAME LAST 2ª DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Charles Nelson BRIGGS 29 87 7:30Am May 4 RACE 5. DATE OF BIRTH IF LINDER 24 HRS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male 24 19 30 white Feb 57 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maine WIDOWED DIVORCED [County Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Ft Meade Kimbrough Army Comm. Hospi Military (ret)Army USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 1 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Glen Burnie 7937 Co. YES [Oakwood Road 21061 TATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Milburn Nelson T. Briggs Elsie Mae 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Rita Briggs Glen Burnie, MD LYES, NO OR UNKNOWN Vire emamor DATES) Korean 006-24-4309 Oakwood Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which Hepato Renal Syndrome gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Alcohol induced cirrhosis, cardiomyopathy PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG Squamous Cel Ca. of neck, COPD, Hypothyroidism 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 SIREEL CITY OF LOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ May , to 29 May 19 87 sow the deceased alive on obove, (I) (we) (did) (did not) view the body dity death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINTY) 22e ADDRESS CPT Sabrina Benjamin, MC George Meade, Mary; land 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Burial June 1987 Maryland Vet. Cemtery Crownsville, MD DHMH - 16 60M 7/B4 (VRA 15, 4) Singleton Funeral Home, Glen Burnie, MD



Contact of the contac Hard to be a second

FLORINE NATE BROWN 3. SEX 4. RACE White 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 1. CITIZEN OF WHAT COUNTRY? Md. WIDOWE DAY DIVORCED MAY 2.3. ANNE ARUNDER MAY ANNE ARUNDER MAY 2.3. ANNE ARUNDER MAY ANNE ARUNDER MAY MAY 2.3. MAY ANNE ARUNDER MAY MAY ANNE ARUNDER MAY MAY ANNE ARUNDER MAY MAY ANNE ARUNDER MAY MAY MAY MAY MAY ANNE ARUNDER MAY MAY MAY MAY MAY MAY MAY MA	DAY YEAR 26. HOUR 1987 0836 IF UNDER LYEAR IF UNDER 2 MONTHS DAYS HOURS	
3 SEX 4 RACE 5. DATE OF BIRTH MONTH 5 NO 1896 91 YRS 76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED ANNE ARUNDER WIDOWERLE DIVINORCED ANNE ARUNDER	IF UNDER TYEAR IF UNDER 2) AL
Female White S. DATE OF BIRTH MONTH DAY 1896 91 YRS PARTIED INVERS (ASI BIRTHDAY) WIDOWERD INVERS ARRIED INVERS (ASI BIRTHDAY) NEVER MARRIED INVERS (ASI BIRTHDAY) ANNIE ARUNDET		M
76 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED ANNE ARUNDER WIDOWE ALX WIDOWE ALX OF BALTIMORE CITY OR COUNTRY ANNE ARUNDER		24 HRS MIN.
		AAD
GLEN BURNIE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INAUCH FARINTY GIVE STREET ADDRESS PITAL 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT POST OF WORK FOR MOST OF WORKING LIF HOUSEWIFE HOUSEWIFE		
130. STATE 130. S	Balto., Md St. #21229	•
FIRST MIDDLE LAST FIRST MIDDLE Jacob Edelman ?	Vietch	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3330 Strickland St 217-54-7539 Calvin R. Schutz	Balto., Md #21229	
18 CAUSE OF DEATH (Enter only one couse per lyge for (a), (b), and (c).)	APPROXIMATE INTERV BETWEEN ONSET AND D	VAL DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardio respiratory crust	minutes	
DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if any, which gove rise to immediate (and disease Candia Vascular disease control of the control of	and and	1711
couse (a), stating the underlying couse last	The comme	125
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)	
YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO	H?
OD CONTRIBUTION CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONITO DAY TEAK	ART T OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 31REET CITY OR TOWN	COUNTY ST.	TATE
WHILE NOT WHILE AT WORK AT WORK		
228.1 certify that (1) (the hospital) arrended the deceased from 19 22, and that in (my) (even appropriate death occurred on the date and hour	19 7 , that (I) (w	ost
obove, (I) (west (did not) √ iew the body after death.		ted
22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF	224. DATE SIGNED	es-
PHYSICIAN DIRECTOR PHYSICIAN DIR), ROOM 207	7
PO-HSLU HUNG, M.D. 120 ADDRESS 3450 FT. MEADE ROAL LAUREL, MARYLAND 20707	,	
230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN	COUNTY STA	TATE
Burial May 27,1987 Loudon Park Cemetery Balto.	Md	
H. 16 60M 7/84 24 EUNERAL DIRECTOR 25 DATE REC'D. BY REGISTRAR 256 REGISTI ADDRESS ADDRES	RAR'S SIGNATURE	-

الواسيد الواسيداء لواقه الما الوهيدا والدود.

			1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND A	MENTAL HYG	REG. NO	Iga.		3
54	105	MY 2	TYPI	CEASED NAME PER	BE	RT	A. BR	Ou) //		20. DATE OF DEATH MONT	158	71	125 M
4		a	3. SE	11	4. RA	N	12	S. DATE O	P BIRTH	16		MONTHS YRS.	DAYS HO	OURS MIN.
	(11)	35	MA	RTHPLACE (STATE OR FOREK CHAND	ı	J.S.A.	HAT COUNTRY?	WIDOWE		ORCED	ANNE ARUNDI	EL COUN	TY	MD.
203	1	33	AN	NAPOLIS AL RESIDENCE (IF NURSING H	- (ANNE	SPITAL, NURS IN FACILITY, GIVE STREET ARUN DEL	GENER			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR			JSINESS OR
IAND 21	rings in 24 ho	35	13a.	RYLAND 13b	COUNTY A.A.		3c. CITY OR TOW EDGEWA	N I	13d. INSIDE CI YES 🔲	NO 🗌	130 STREET ADDRESS / ZIP 400 Mill Swal		210	37
MARY	T P	20		ATHER'S NAME ARTHUR	MIDDLE	B	ROWN, Jr		AN	MAIDEN NA	FOR	RRESTER	LAST	
TIMORE	be even	e medico	YE	VAS DECEASED EVER IN U XES, NO OR UNKNOWN) (IF	J.S. ARMED I	OR DATES)	220-09-L		17. INFORMAL ELIZAB	ETH B.	Mill Swamps Ro BROWN Edger	water,		
ST. BAI	enthcote g physic son-pape	areant, fi		18 CAUSE OF DEATH (E) PART I, DEATH WAS (IMM	nter anly and CAUSED BY. AEDIATE CA		bute	Mar	uste.	m he	suiation) BE	PPROXIMATI	T ÎNTERVAL T AND DEATH
RESTON	death a	froumoti		Canditions, if any, wh	ich (OUE TO, OF	SA CONSEQUE	NCEGE	Rt	core	Gral Lufan	et (1de	ap
01 W. P	that the	or other		cause (a), stating underlying cause la	the ost.	(c)	2 ACONSEQUE	11000	ial (anot	tid block		1d	aps-
ORDS, 2	require een signe it. Then p		ATION	PART 2 OTHER SIGNIFIC			ON FOR WHICH				INAL DISEASE OR CONDITIO	IF YES, WERE		USED.
IT AL REC	The law sicion.	Shows 7	CERTIFICATION	210. ACCIDENT WAS UNDERLY		III. TIME OF		OTENATION	- 124	20.19		CERTIFYING CA	AUSES OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON SI	YSICIAN: ding physics s certifica surial-tran		MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E)	E OF DEATH	HOUR A.M P.M	. MONTH DA	AY YEAR 19	ZII LOCATIO		CENTER NATURE OF INJURY INTI	M TO PART I ORP	-M(1 2)	
DIVISIO	or offen this e as the b	morkedo	ME	while NOT WHILE AT WORK 270 1 certify that (1) (thus		AT HOME STREE	T, FACTORY, OFFICE F	ARM, ETC)	STREET	108) ALOW	£ 19_		STATE
	R ATTEN hospital RECTOR	em 21 is		saw the deceased all above, (I) (me) (did) (4 20 SIGNATURE			ter death. 19.		d that in (my)	(ant) apinyon	death occurred on the date an	nd have and Iro		
	HOSPITAL OF	ANT. IF		22d PHYSICIAN'S NAME	VUI	lco	cu			TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [3 5	5-16	-87
	TO FUN	IMPORTAN	23a. I	PETER F.	VER	NO(12361	NAME OF CI	1833	FOYER	123d LOCATION	apolis	hid	21401
	BP		BUI	LI AL	5	-20-19	87 G	HEWS (CPMP	Owensville	A.A.	Mary	land
	DHMH - 16 60/ (VRA 15,			UNERAL DIRECTOR LLLIAM REESE	Annapo & SO	olis, I	d. 2140 TUARY, I	1 P.A.		MA)	1 9 1987	GISIKA	S. M. CHISE	in.

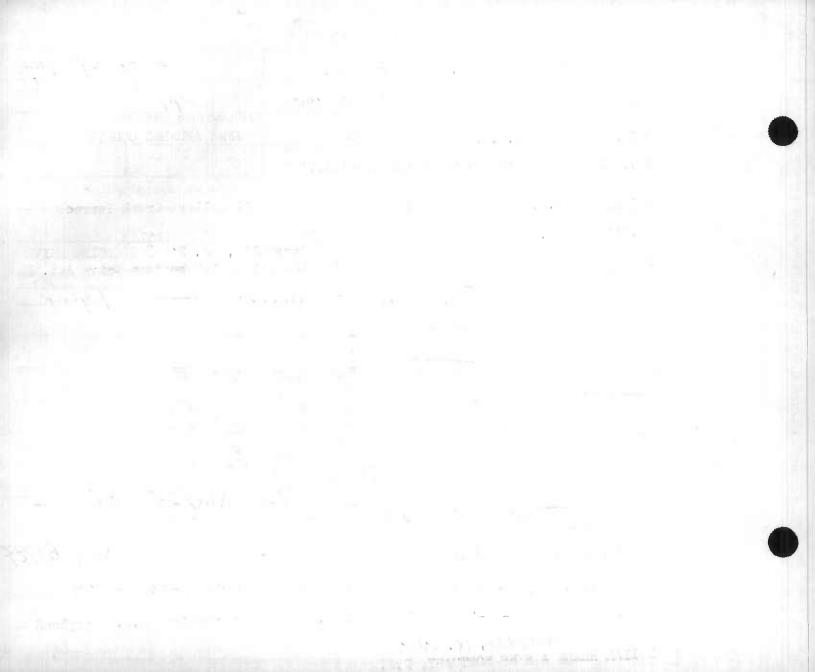
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				CEASED NAME	IRS1		MIDDLE		TAST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
	oy be oge 3 deoth	- 10	11116	CLEVEL	AND	LYNW	OOD	BUI	RTON		M	AY	1	5, 19	87	825	PM
-) .	mo)		3. SE)			RACE			TE OF BIRTH	YEAR	6. AGE (I	N YE ARS LAST	BIRTHDAY)	MONTHS.	R I YEAR DAYS	IF UNDER	24 HRS
)11	ge 4 ecto			Male		Caucas	sian		igust 8,			58	YR		DATE	HOUKS	see live:
-	Po ldir	92		RTHPLACE (STATE OR FOR	IGN :	L CITIZEN OF	WHAT COUNT	RY? 8	RIED KKNEVE	R MARRIED T	9 BALTIA	AORE CITY	OR COUN	NTY OF DE	ATH		1
	leoth nero in 72	9		Virginia		United	States			DIVORCED	1	ANNE A	ARUND	EL CO	UNT	(MD.
	he fu	0-11		TY OR TOWN OF DEATH					AE OR OTHER IN	STITUTION		OCCUPA		12b.	KIND O	F BUSINE	SSOR
102	by t	34		GLEN BURNIE			ARUNDI					c Driv			FI		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in ould be	35	13a. S		b. COUN	TY	136. CITY OR T	OWN		CITY LIMITS?	13e STREE 7810	T ADDRESS Catl	s/ZIPCO nerin	ode e Ave	• 7	2112	22
SYL.	五	200	14 FA	THER'S NAME		NDDLE	LAST	01855	15 MOTHE	R'S MAIDEN NA	ME	WIDDLE			LAS		
WA	2/22	SHO		Fielding			Bur	ton		Lady		Mae				gger	
ORE,	1	a l		AS DECEASED EVER IN		MED FORCES?	166 SOCIALS	ECURITY	O. 17 INFOR/	MANT		ADD	RESS				HE
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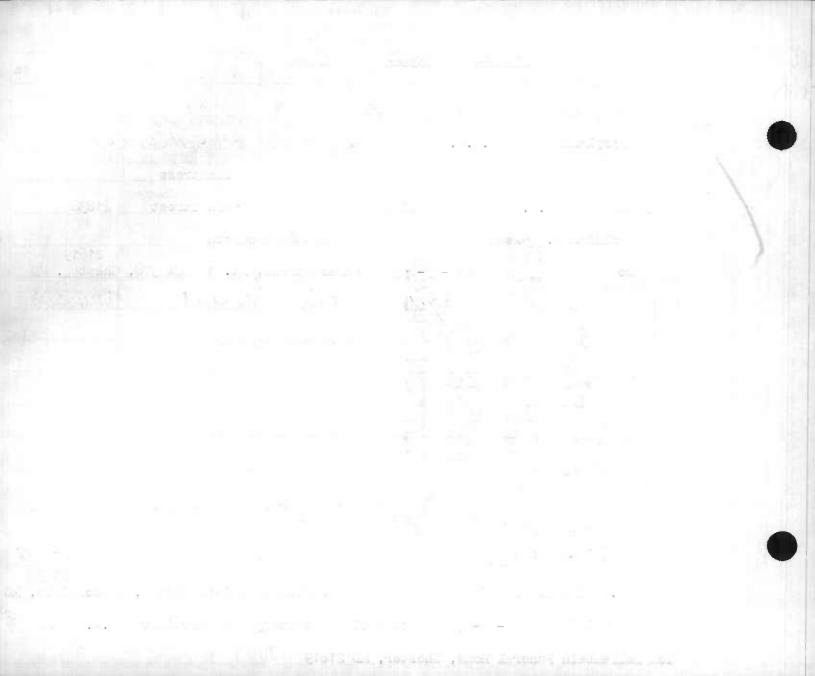


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(c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED
IN CERTIFYING CAUSES OF DEATH?
YES NO YES NO 1 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
216. PLACE OF INJURY 216. INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AL WORK
10.1 certify that (1) (this haspital) attended the deceased from SEPT 19.85, to 18 MAY 19.87, that (1) (we)
saw the deceased alive an MARC. N 19 87, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above/(1)/(we) (didy(did not) view the body after death.
saw the deceased alive an MARC. N 19 87, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated abave/(1)/(we) (didy/did not) view the bady after death. 22b SIGNATURE DEGREE 22c. DATE SIGNED
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	11.17 20	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.		12580 EDT
•		I. DECEASED NAME FIRST	MIDDLE	LAST .	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
nay be page 3		JAMES	SMOLLETT	CAMPBELL	MAY	15, 1987 125 AM
a po		3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ge 4	1	Male	White	March 30, 1919	68	YRS
oth. Pagineral directly 72 hours	100	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	COUNTY OF DEATH RUNDEL COUNTY MD.
2 4	4	GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Writer	126 KIND OF BUSINESS OR
AND 212	183	mary rand	e or other institution give residence before UNITY CITY Baltimo	wn res \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13e STREET ADDRESS / ZI 822E33rd. S	
MARYL red - tho propletely and 2 g	300	M FATHER'S NAME FIRST Carroll	F. Campbell	Ruth	MIDDLE	Peters
ficote be executivose by poper the	2 Pare		ARMED FORCES? GIVE WAR OR DATES) N. II 155-09-	(Da	aughter) Campbell	Same as # 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI NG PHYSICIAN: The low requires that the death certificate attending physician. When this certificate has been signed by the attending physician is the burial-transit permit. Then please remove corbonoppes as the burial-transit permit.	us only injury, ar other traumatic event, the	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	recmonia	20a AUTOPSY? 20	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
HOSPITAL OR ATTEND inned by the hospital of FUNERAL DIRECTOR. A FUNERAL DIRECTOR.	with the State Dept. of Health and Mental Hygier IMPORTANT; if them 21 is marked or them 18 shave	OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK A WORK 22a. I certify that (I) (this his say the deceased alive	DEATH HOUR A.M. MONTH (P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE aspital) attended the deceased from on 19 d not) view the body ofter death	DAY YEAR 19 211 LOCATION STREET , 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the couses stated 22c. DATE SIGNED DAD, SUITE 203
BP	50M 7/84	230 BURIAL, CREMATION, REMON (SPECIFY) Cremation 24 FUNERAL DIRECTOR Singleton Funer	May 18, 1987 S.	NAME OF CEMETERY OR CREMATORY ecurity Process, Inc	23d LOCATION	Le Baltimore Md.

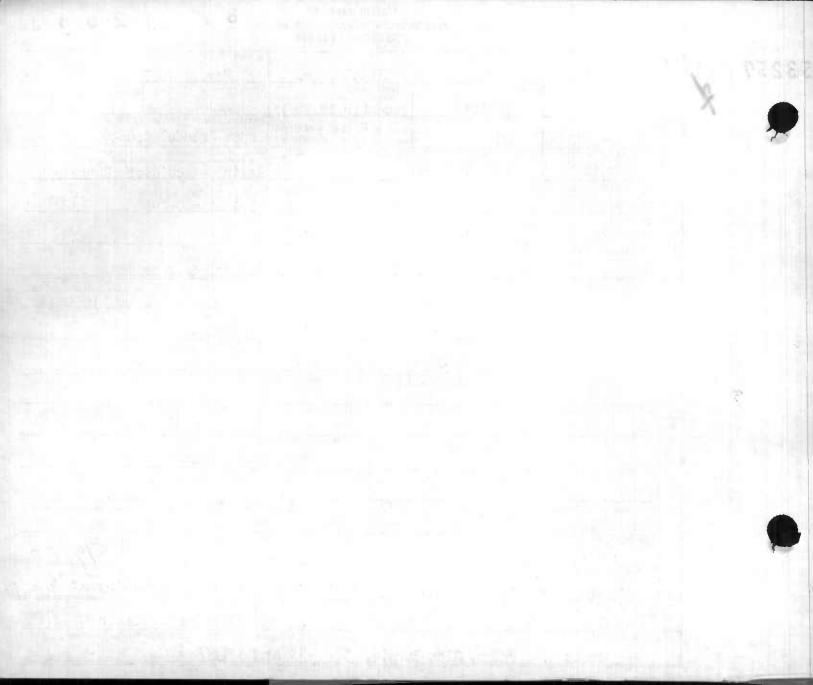
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1 1000	140.	William H.		SOCIAL SECURITY NO	Hattie	Thompson	SS	LAST
be said		(IF YES, G	ive war or dates)	8-03-0458	James Morr		x 578, Ch	21619 ester, MD APPROXIMATE INTERVALITIVEEN ONSET AND DEATH
res that the death certificated by the attending physis please remave carbonpapurial, cremation, ar remava, y, ar ather traumatic event,		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	ED BY ITE CAUSE ID) DUE TO, OR AS / (b) DUE TO, OR AS / (c)	ACUTE CA CONSEQUENCE OF	JI NOT RELATED TO THE T	Avest ERMINAL DISEASE OR CON	10	UNEDIATE
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ATTENDI spitol or CTOR A for use of Heal		22a L certify that (1) (this has sow the place sed alive a above (1) and did (did n	./ 7.0		PACE I SELECTION	nion death occurred on the d		
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etained by th TO FUNERAL should be deta with the State IMPORTANT: If		Dr. Ralph L	Lbby			le Medical Ce	nter, Gra	21638 sonville, M
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR	05-28-87	and the state of	rfield Cemet	CITY OR TOWN		A. MD
DHMH - 16 60M 7/84 (VRA 15, 4)		m Helfenbein Fi	meral Home	. Chester.		JUN9 1987		on Pardage



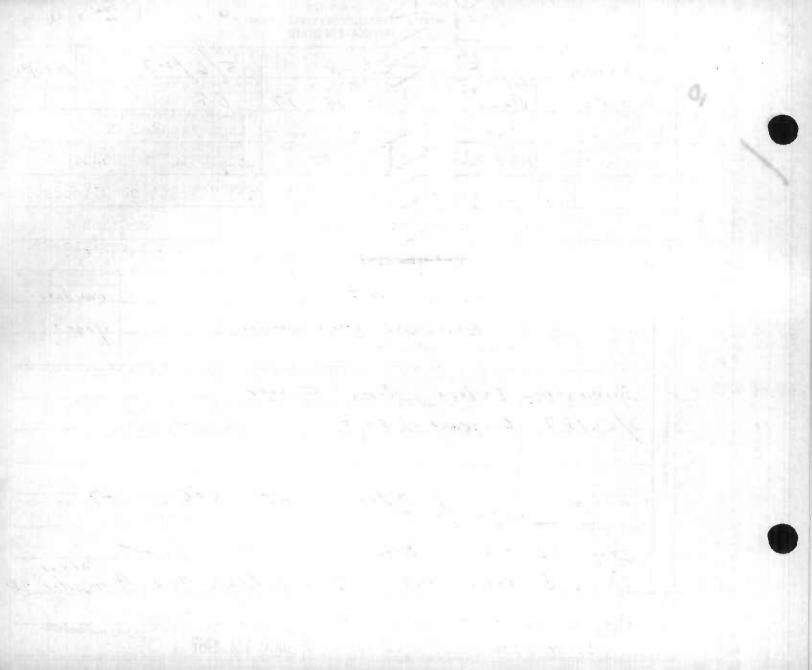
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0 4	120	11	REGISTRAR	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH REG NO.	
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	BEARBOO			(c) HipGA TONSION		5.
2	NA PROPERTY		PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CO	DNOITION GIVEN IN PART 1 is	
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	1 100年日本	N.	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED?	20 AUTOPSY?
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-	A SE	MEDI	216. INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.)		COUNTY STATE
	MAR WAR		AT WORK AT WORK			
	S S S S S S S S S S S S S S S S S S S		22a I certify that I taak charge of	the remains described above, held an Autopsy	, Inspection J. Inquiry and in my	Opinion
	NE STORES		death resulted fram: Natural c	ouses . Accident ., Suicide .,	Hamicide . Undetermined manner .	
	A WITH THE TANK		11	/	ITLE (SPECIFY)	-11-
	A H D A E H -	1	ACTUAL SIGNATURE	Mena M.D. 1	DEDUTY MEDICAL EXAMINER SIG	TE 5/25/87
	SEA MASS	1	EXAMINER'S NAME (1)	1 60 1 60166		
	Z S S S S S S S S S S S S S S S S S S S		TYPE OR PRINT)	LIES A. SEAGGOLADOR	RESS_ 180 RITCHELITU	17 SV PK
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07/8 25M			Durial Ma	1428,1987 Lakemont	Davidsonville	AA MD
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	DHMH - 17	24,51	UNERAL DIRECTOR	Chapel-Annagolis Mi	MAY 2 8 1987	SSIGNATURE

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(VRA 15, 4)



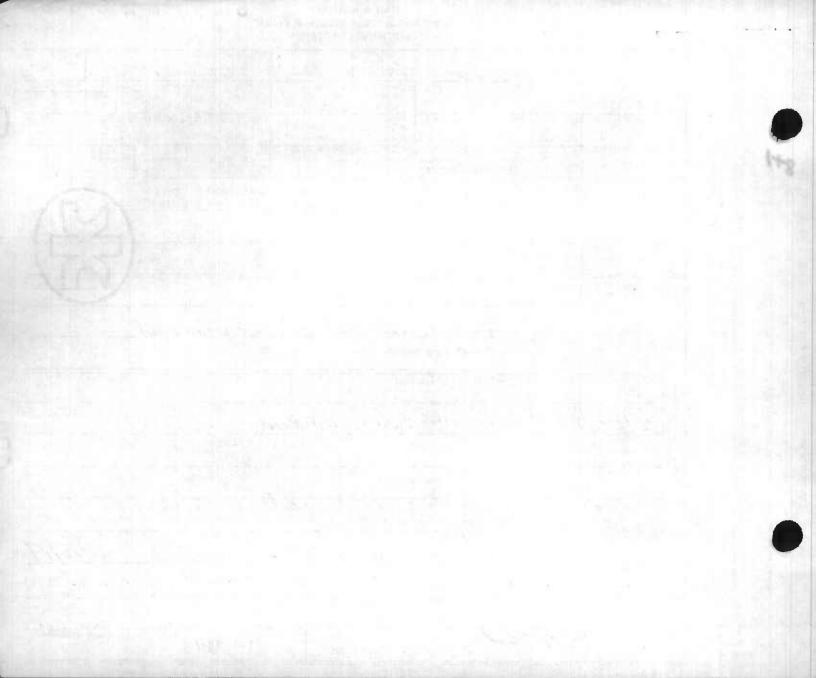
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	O MEDICAL EXAMINER: T XECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM O FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST ALAIMORE, MARYLAND, 2		22e I certify that I taak charge of th	ne remains desi	cribed abave, held ar	Autap	sy L, Inspecto	an Inquir	y . and in	my apinian	
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	A SHOW		EXAMINER'S NAME William	P. Jon	es, M.D.		ADDRES 695 ATT	erica Cri	Davideo	nville Md	21035
	PAGE PAGE	23e. B1	JRIAL CREMATION REMOVAL 736 DA		23c NAME OF C			123d LOCATION			
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nerol dir		IRTHPLACE (STATE OR FO COUNTRY)	REIGN	LITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CI	TY OR COUN			м
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quires that the deal signed by the otter hen please remove in to burial, cremation jury, or other troum	z	Conditions, if ony, gove rise to imme couse 101, storing underlying couse PART 2 OTHER SIGNI	the lost	DUE TO, C	R AS A CONSEOL	JENCE OF	hatef ade				10	_
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0 0 1	* TIO/		CEASED NAME FIRST WILB	ERT C	MIDDLE COI	BERT	AST	2e. DATE OF DEATH	MONTH DAY YEAR 5 26 87	2b. HOUR
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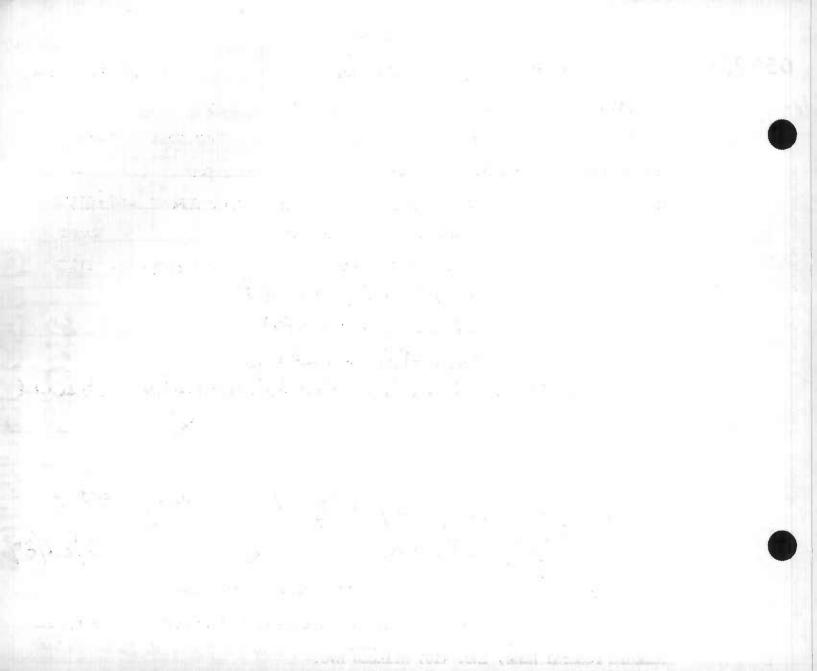
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BALTIMORE, MARYLAND core be executed within 24 specifical and completely filled bects. Poggs I and 2 should not. The medical example must	(YES, NO OR UNKNOWN) (IF YES, GIV	214.46.2			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTMORE, MARYLAND, 21201 PRIOR TO BURIA	I CE	UNDERLYING OR	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)	
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	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: , WITH THE S WARYLAND,		22a I certify that I took charge	· Na			Inquiry L., o	and in my opinion	
	RECORD RANGE		death resulted fram: Natura	al causes 💢 , Accident	, Suicide	, Homicide	Undetermined manner		
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	DAR DER -	23a. Bl	JRIAL, CREMATION, REMOVAL 23	b DATE 23c.		R CREMATORY	23d LOCATION	COUNTY	
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25M	DHMH - 17	24 FL	INERAL DIRECTOR ROBER	RT S. BARRAN	CO	25a. DATE RE	C'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE	
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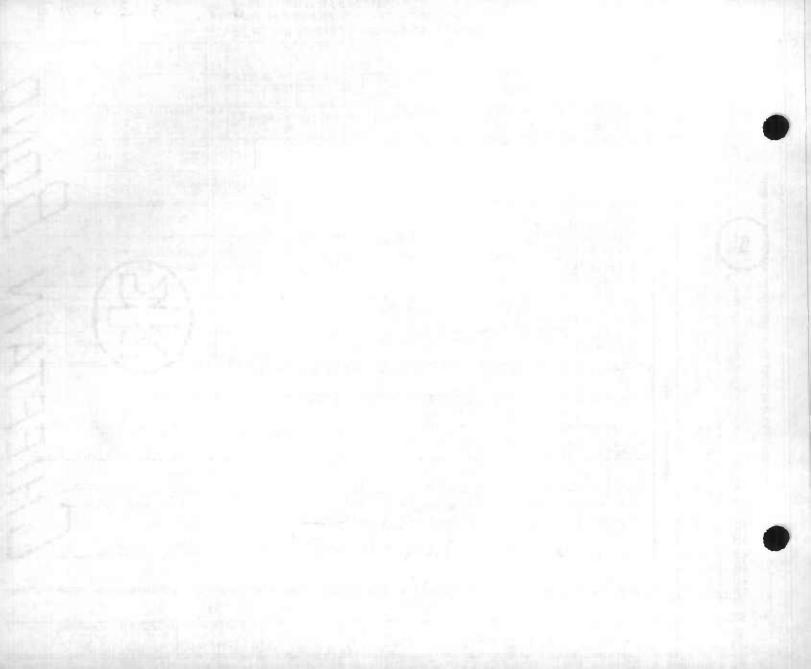
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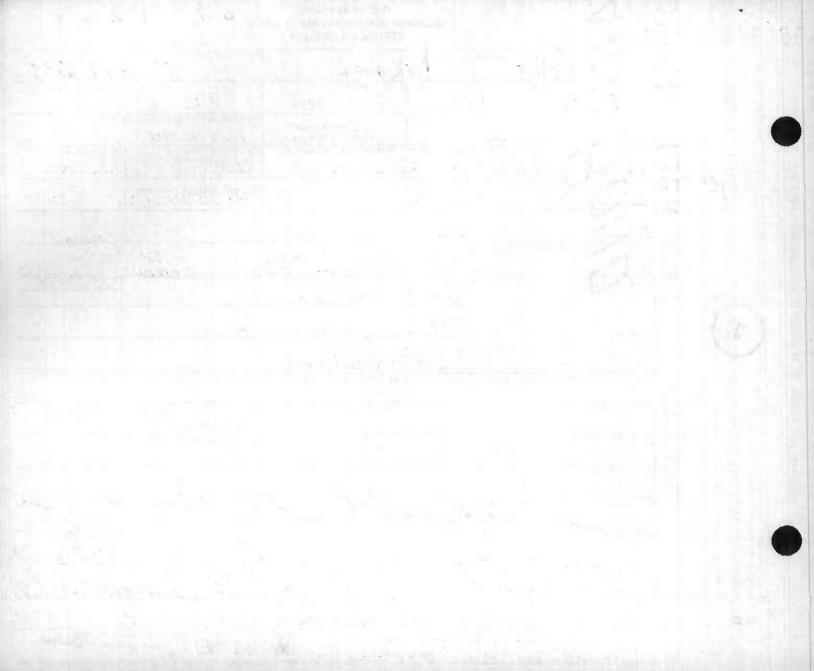
DEPARTMENT OF HEALTH AND MENTAL HYCH - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME TO DATE KNOWN IN MONTH DAY YEAR LEYPE OR PRINTS OF ESTI-Richard 0. Curtis 17/ 1987 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE 252 IRTHDAY PRONOLINCED White Male DEAD am HIBIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Maryland USA Anne Arundel County, WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 129 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS Air Freight Manager Glen Burnie North Arundel Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS2 131243 Bacon Ridge Rd 21032 Crownsville Co. A.A. YES [Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Spencer Justine Raimes Lyffette Robert Curtis Sr. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) #13e 215-94-7006 Robert Spencer Curtis Sr. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) FICATE, WRITING THE WORD "FE F CORWARDED TO THE CHIEF TTOR: PACE 3 SHOULD BE USED THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 21 HOUR AND MONTH DAY YEAR UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 4: 19P.M. 5/ 17/ 1987 subject driver of auto/fixed object impact 218 PLACE OF INJURY LATHOME 21d IN IURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM FTC I WHILE AT WORK Rt.#2 & Medary Rd., Severna Pk., Anne Arundel, oadwav PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITHTHE STA
BALTMORE, MARYLAND, PA Autapsy X Md. 220. I certify that I took charge of the remains of scribed above, held an Inspection and in my apinian Undetermined manner Assistant MEDICAL EXAMINER 5/18/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial Md STATE Hillcrest Cemetery Annapolis 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Annapolis Md.21401 T.A. Hardesty (VR ATS ME (5))



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the Clark		AL RESIDENCE (IF NURSING HOMEO	19	HUNT	TOWN APOLIS	13d. INSIDE CITY LIMITS? YES NO	128	ADDRESS / Z	P COPS	LA	21403
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		YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATE	2363	82404	ZULA	E.I	DEAN	H	-13	MATE INTERVAL ONSET AND DEATH
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death. Pourerol du 72 hou at once.	vi	RTHPLACE (STATE OR FOREIGN COUNTRY) LGÍNÍA	U.S.A. WIDO	RIED NEVER MARRIED DIVORCED D	Anne Arundel	
by the filed with	A	ity or town of death inapolis	11. NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel Gener	al Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN CLETR	12b. KIND OF BUSINESS OR INDUSTRY U.S. GOVT.
filled in 24 hours	1	Maryland Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION VITY 136. CITY OR TOWN Arundel Edgewater	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP C 404 Salisbury	op Rd. 21037
uted within	14. FA	Jacob	Raish	15 MOTHER'S MAIDEN NA Sarah	WE	last Tordan
on and co		VAS DECEASED EVER IN U.S., AR. YES, NO OR UNKNOWN} I IF YES, GIV NO	MED FORCES? 166 SOCIAL SECURITY NO 5772-03-9178	Margaret Day		14 23rd Ave.
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		SURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	Washington,	D SOUNTY STATE
DHMH - 16 60M 7/84			May 19, 1987 Rock (cis J. Collins, Jr.	250 DAT	TE REC'D. BY REGISTRAR 25% REG	SISTRAR'S SIGNATURE
(VRA 15, 4)	50	O University Bl	vd. West, Silver Spr	ing, Md. 20 00	Y 2 1 1987	



NICKERSON

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24 Foundation of the control of the	务	130. 5	AL RESIDENCE (IF NURS STATE aryland	13b COUNT		13c CITY OR TO	WN	13d. INSIDE CITY LI	IMITS?	13e.STREET ADDRESS / Z 1700 Woodtre	IP CODE	rcle /	21401
YIA 1	45.0		THER'S NAME					15 MOTHER'S MA		ΛE			
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RE,	375	lée V	AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS	1		
OM 1	3/1		es, no or unknown) Vo	(IF YES, GIVE	WAR OR DATES)	579-11	1-3668	Mr. Vinc	ent I	DiPalermo	(same	e as 13)
T., BALI	went, the		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	line for (o), (b), o	nd (c+.)	Septic	Sho	CK		APPROXIMA BETWEEN ON 2-da	SET AND DEATH
STON S leath the	on, or		Conditions, if ony,			r as a consequ	JENCE OF	Neutvoperii	a fvo	our chemothen	apy	1020	ays
W. PRE	other tro		gove rise to imm couse (0), stotin underlying couse	nediote g the	DUE TO, OF	r as a conseol	JENCE OF	Blado	len (cane		3 we	eus
RDS, 20	njury, or	NO	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN	IN PART TIG	
	Shaw ony i	CERTIFICATION	19a DATE OF OPERAT	NOI	196. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	Ob IF YES, V N CERTIFY II	WERE FINDING NG CAUSES O	S USED F DEATH? NO
OF VIT	frem 18 sh		OR CONTRIBUTING	AUSE OF DEATH	21b. TIME O HOUR A./	W. WONTH I	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY II	N ITEM 18 PART	T OR PART 2)	
VISION OF VI	ked or the	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WAS AT WORK	RED	21e PLACE C		FARM ETC)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
NTENDIN spital or of CTOR: Aft	of record		22a. I certify that (1) sow the decease above, (1) (we) (d	(this hospito	May:	2-7 19	87. or		opinion d	eoth occurred on the dote	, 19		ot (I) (we) lost uses stoted
AL OR A the ho	T: If Item		22H SIGNATURE STURY	t E	Jelou	uillya	NO.		NDING SICIAN	MEDICAL STAFF	и	5/23	3/87
o HOSPII etained by TO FUNER	MPORTAL		Strawt	E.	Selou	icu, m				n Aunapolis	, und	l. 214	101
BP		(URIAL, CREMATION, SPECIFY) BURIT	AL A	236. DATE 5-3-6			-INCOL	V	BLADENS	BURG	COUNTY P. G	. STAND
DHMH - 16 60 (VRA 15,		24 76	SEVERNA		K, MD.	21146			M.	AY 2 7 1987	REGISTRA	AND SIGNATUR	Kandallo

	1	902		STATE OF MARYLAND	8 7	120	9/
	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG			11
1 2 2 2 miv	1 DE	CEASED NAME . FIRST .	WIDDLE	A LAST ;	REG. NO	O. MONTH DAY YEAR	26 HOUR
pe .	(Ĵ)P	MORION	WELCH	DORNHEIM		5 14 87	1041 Am
oge 4 mo	1.56	remale	White	5 DATE OF BIRTH MONTH DAY 1907	6 AGE (IN YEARS LAST BIR	YRS DATE	
1000		Annapolis	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED	Anne A	AMOO CO	MD.
1 190	14	ROWNSVILLE	FORFIELD NSO CE	ALCR LOOP Rd.	TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY	of Business OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	130 M		RUNDEL ROWLS V	ILLE YES NO W		ZIP CODE LOOP	1932
N2	15	ATHER'S NAME FIRST -KEDERICK MDE	WELCH		SWIDDIE.	Boo	KER
		WAS DECEASED EVER IN U.S. ARMEL YES NO ORUNKNOWN) (IF YES GIVE W.			SG OUR	WATER M	D 2103
quires, that the death zeriffs, signed by the other drig ph free please remove carbon at the please remove carbon at the please remove carbon at the please tradematic event	NO	Condition, if ony, which gove the to immediate course in stating the indentying course lost. PART 2 A HEAST GRUSS ANT CON	DUE TO, OR AS A CONSEQUE (c)		NINAL DISEASE OR CON		voelc
Towns of the second	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
SICIAN OF PHYSIC PHYSICAL PHYS	200	THE ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
NG PHYS other flus on the bu	MEDICAL	WHILE OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	RM. ETC) 211 LOCATION	O CITY OR TO	1	STATE
ATTEND ORDING OF SECTOR OF Head for vite of Head for vite in 21 to m		22a 1 certify that (I) (this septial) w the deceased alive an bave th (we) (did) (did not) vi	4/4 190	and that in (my) (por) apinian	death accurred on the do	ate and hour and fram the	
MOSPITAL OF med by the to FUNERAL DISE of the despire Disp ORTANT: If he		THE PHYSICIAN & NAME (TYPE OR PRI	ellei	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAP	F	14/85
TO HOS inholds with the	736	WIRIAL CREMATION REMOVAL TO	VERKOU U. 13b. DATE / 123c N	1833-A	FORES 1236 LOCATION	t Dr.	Ao'
BP	D	aRIAL	5/15/1987 MD	16 Thoms Cem	CROWNS	A B 3411	12h
DHMH - 16 60M 7/84 (VRA 15, 4)	74 E	Whor TUNERAL (HARL PRUI	PROZIS ND 250. PAT		256. REGISTRAR'S SIGNA	TURE



	١,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE I	2090		
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
CUID hours		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
) desp	07		rles	Downs	5	13 87 M		
tor. p	3. SE		4. RACE	5. DATE OF BIRTH Sept. 3 1925	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
age age	MAI	RTHPLACE (STATE OR FOREIGN	BLACK 75. CITIZEN OF WHAT COUNTRY	9. BALTIMORE CITY OR COUN	YRS PROUNTY OF DEATH			
1 16.45	MAI	RYLAND	U.S.A.	WIDOWED DIVORCED	ANNE ARINDET, COIMPTV			
100		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION TADDRESS)				
NNO 212	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		VN 138. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO			
MARYL ed ed ed ()	14. FA	THER'S NAME FIRST ANTHONY	MIDDLE LAST DOWNS	15. MOTHER'S MAIDEN NA/ FIRST MARY	ME MIDDLE	WALLACE		
cote be executed with spiritual parts pages I among the medical pages. The medical pages I among the medical pages.		VAS DECEASED EVER IN U.S. A (15 YES, NO OR UNKNOWN) (15 YES, O	ARMED FORCES? 16b. SOCIAL SEC SIVE WAR OR DATES) 217–20–	URITY NO. 17. INFORMANT	Edgewater, Md. 2 DOWNS 451 Mill	21037		
DS, 201 W. PRESTON S: quires that the death cert signed by the attending hen please remove corbo to burial, cremation, or re ijury, or other traumatic ei	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO		vinal disease or condition (GIVEN IN PART 110		
L RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{YES} \)		
ON OF VITAL HYSICIAN: The ding physicia by sis certificate h burial-ironsit Mental Hygies Amental Bygies		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	CAIII	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM			
DIVISION NG PHYS of the this of as the bur th and Me arked of #	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE		
TTENDIN pptd or TTOR: Af for use o of Health		sow the deceased alive of	pital) attended the deceased from	, and that in (my) (our) opinion of	death accurred on the date and h	. 19 that (1 () e) lost lour and from the causes stated		
PITAL OR A by the hos ERAL DIREC e detoched Stote Dept.		226. SIGNAFORE	Colery	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/14/87		
TO HOSPITAL retained by the should be det with the State MPORTANT.		22d. PHYSICIAN'S NAME (TYPI	COLEIA	51 FRANKO	IN ST ANN	AP Md.		
	23a B	urial, cremation, remova Specify) RTAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
BP			5-18-1987 A	DAMS CHURCH CEME.	Lothian E REC'D. BY REGISTRAR 256 ZEG.	A.A. Maryland		
DHMH - 16 60M 7/B4 (VRA 15, 4)			SONS MORTUARY P	M.	AY 2 0 1987 Jul	Denter Rules		

The annual line MY SO BE July Committee A Line Line Line A.S. YEAR STOLAND A SECURITION OF

	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							9 9 EDT			
- 114		CEASED NAME FIRST							20 DATE	OF DEATH	MONTH DAY	YEAR	26 HOUR
376	8	MARJORI		FLORENC		DRING				MAY		1987	1020 AM
1 17	1 SE		4 RACE			5. DATE OF B		_ YEAR		N YEARS LAST BIRTI	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
4 90 0		Female	Wh	White		December 18, 191			75	YRS			
4 69	New York		U. S. A.			MARRIED NEVER MARRIED WIDOWED DIVORCED		P BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY MD.					
134	(10 C)	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET		IVE STREET AD	NG HOME OR OTHER INSTITUTION ADDRESS] EL HOSPITAL			(TYPE OF W	AL OCCUPATION FOR FOR MOST OF		TZB. KIND O INDUSTRY Ft. M	F BUSINESS OR
113	USU	AL RESIDENCE (IF NURSING HOME 13b CO1			OR TOWN		I. INSIDE CIT	Y LIMITS?	13e.STREE	T ADDRESS /	ZIP CODE	Apt. 8	
1 100	14. FA	THER'S NAME HAST Frank	MIDDLE	Roznie	LAST EWSki	15.	FI	MAIDEN NA/		WIDDLE		Fir]	1
d co		VAS DECEASED EVER IN U.S. A	ARMED FORCE		IAL SECUR	ITY NO. 17	INFORMAN		lesi i	7748	ss West	Shore	Rd.
8 6 6 F	-	0	DIVE WAR OR DAIL		-10-84	474	Patri	cia Lo	ving.	Pasa			
e requires that the death ce been signed by the original mis. Then please removes daths into thems committee or thy missry, or other fraumatics.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO	O, OR AS A CO	NSEQUEN	nue ICE OF	log RELATED	lever	grelle at le	ers -	Clay	D &	eyp
	CERTIFICATION	1% DATE OF OPERATION	19b CC	Ce Condition for	WHICH C	PERATION V	n	1/	0	UTOPSY?	COZ. N 20b. IF YES, W	ERE FINDIN	IGS USED
1 2 2 2 2 2	TIFE								YES [NO [IN CERTIFYIN	CAUSES	NO [
PITAL OR ATTENDING PHYSICIAN by the hospital or otherding physical Distriction of the certification of the certical of the certification of the certification of the certificatio	CAL CES	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUI	ME OF INJURY R A.M. MON P.M.	VTH DAY	YEAR	k. HOW INJ	URY OCCURE	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
	MEDI	NOT WHILE AT WORK	21e PL	ACE OF INJURY ME, STREET, FACTORY	Y Y. OFFICE FAR	M ETC	LOCATION	2	7	CITY OF TOP	1	COORE	STATE
	1	27a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (Aid) 27b 51c 11 4 11 III		1	d from		HEE		/	rred on the do	/	ad from the	Δ
		224 PHYSICIAN'S NAME (199	Chronia (ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 206 CRAIN HIGHWAY S.W.									
HOS Sould St. H.		ANASTACIO	F	IBONG M	n		0			MARYL			
5 5 5 5 3 3 4		URIAL, CREMATION, REMOVA	34 4 34 34	Section 19 and 1	23c. NA	ME OF CEMI			23d LC	CATION		11100	
BP		Burial	7 M	ay 87	Gle	en Have	en Mem	. Pk.		en Bur	-	A.	MD
DHMH - 16 60M 7/84	24. FI	MERAL DIRECTOR			DDDE.		71 71011	25a. DAT	E REC'D. B	Y REGISTRAR	Sh REGISTRA		URE
(VRA 15, 4)	100	James S. Kirk	lev. G	len Bur	nie.	MD 2	1061	M/	AY 4 -	1997	julia Dan	1down	andelle

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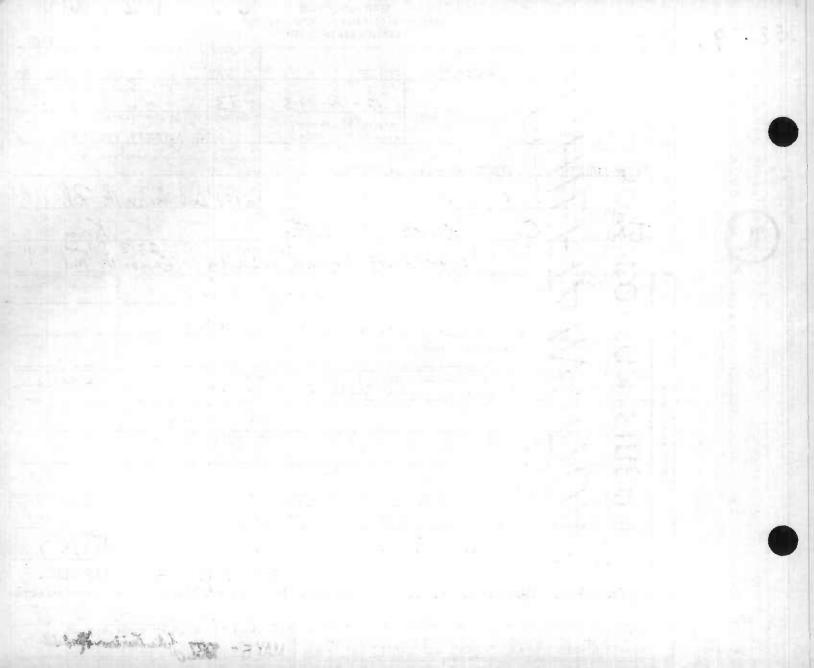
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U.S. DAUELE .S. DICHTZAR

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032479 1114	I. DE	CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO		EDT R 126 HOUR
9 e o o		E OR PRINT)	Louise	TATE I'm	17	D. Palitan Maria	7 1097	
yor god	3. SE	× SOPHIA	4. RACE	DITLE 5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YE	EAR IF UNDER 24 HRS
ge 4 ector.	7a. B	emale	White	MONTH 12	- 14- 1913	73	YRS MONTHS DA	HOURS MIN.
1 22 44		RTHPLACE (STATE OR FOREIGN COUNTRY) WashingtonD.	76. CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED		R COUNTY OF DEATH	
1 31 /5-			11. NAME OF HOSPITAL.	NURSING HOME C	100	ANNE A		D OF BUSINESS OR
10 4 4 5 4		GIEN PURNIE	NORTH APIT	Housewir		rsewife		
212		AL RESIDENCE (IF NURSING HOME OR I			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIR CODE 11	00011111
ON TO TO		Md. A.A		ofton	YES NOX	213/ Davi	dsonville	Kd. 1114
ARM TO TO	14_F/	ATHER'S NAME	MIDIE D.	LAST	15. MOTHER'S MAIDEN N.	AME	V	LAST
E. W.	16a. \	WAS DECEASED EVER IN U.S. ARA	MED EODCESS THE SOCI	AL SECURITY NO.	Lallie 17. INFORMANT 1.0	ADDRE	\$ 22.2	ines
TIMORE Doc pro-			E WAR OR DATES)	-03-7043	Howard R	Dulen	69 2313 Si	Merjuay
ALTI		18 CAUSE OF DEATH (Enter onl	ly one cause per line for to	(b) and (c)	7 70 00 00 710		-	ROXIMATE INTERVAL EEN ONSET AND DEATH
T. B.	L CERTIFICATION	PART 1. DEATH WAS CAUSED		ardio 8	espiratory	anest	85.776	EN ONSET AND DESTIN
ON S S S S S S S S S S S S S S S S S S S			DUE TO, OR AS A CO	NSEQUENCE OF	10	1		
BEST deca		Conditions, if any, which gove rise to immediate	(b) Ce	aspus.	viscular -	tident		
W. Ph not the by the se rem creme other t		couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF				
201 ned b pleo oriol,		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	line i
RDS,		Setrure	disorder	dic1	neteral d	d Myoc	andial of	Mercha
ECO ow r		190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the this certificate has been signs the busici-tronsit permit. There is no a Mental Hygiene prior to be the ord Mental Hygiene prior to be orked or them. As shows, any injury.						YES NO	YES 🗌	NO 🗆
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I OR PART	3)
S cert s cert went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION			
IVISIC Offend offen this offen the base of	ME	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTOR		STREET	CITY OR TO	WN COUNTY	STATE
NDIN Lor Use o Heolti		22a.1 certify that (1) (this hospit				, to		_, that (1) (we) lost
ATTE spito CTO CTO sfor of h		sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter deat		nd that in (my) (our) opinion	n death occurred on the de	ote and hour and from	the couses stated
OR A DIRECTOR A DIRECTOR A DEPT.		22b. SIGNATURE		4 1	DEGREE	MEDICAL STAI	FF _ U70	ATE SIGNED
by the ERAL ERAL Stote det		224 PHYST IN NAME (TYPE OF	R PRINT)		PHYSICIAN 122e ADDRESS	ORECTOR PHYSIC	IAN []	110
TO HOSPITAL eformed by the TO FUNERAL I should be deto with the Store I MAPORTANT. H	1				pag .	122 BALTIMOR	E-ANNAPOLIS	S BLVD.
De Ode M		BURIAL, CREMATION, REMOVAL	1236 DATE	* 23c NAME OF C	EMETERY OF CREMATORY	210 LOCATION	ATT.	21061
BP		Burial	5-2-87	Ft.Li	ncoln	Brenty	vood P.G.	Md,
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	LATURE
(VRA 15, 4)		™T.A.Hardes	cy Annap	olis, Md.	21401 J M	Y5- 1987	which Davidon	Labora :



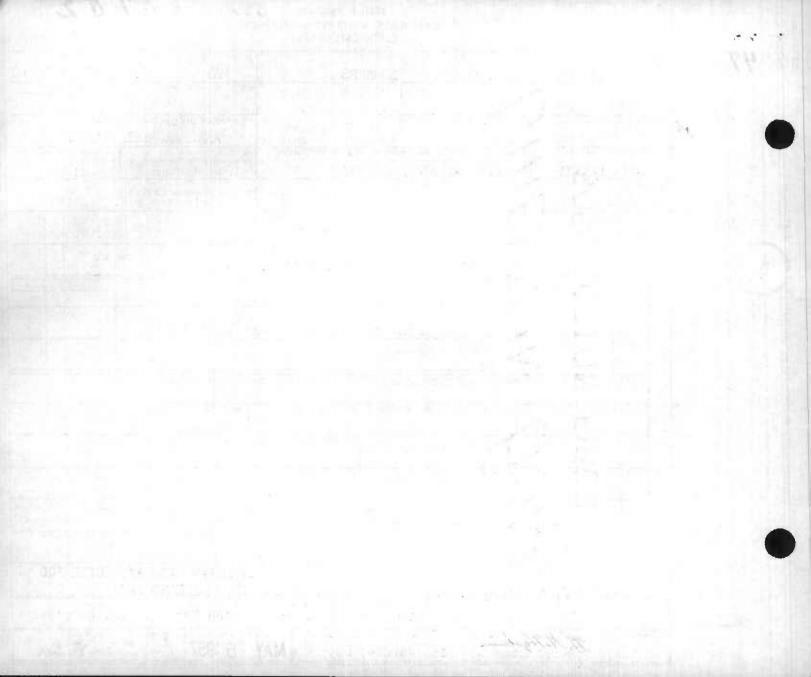
052896 株		FOR STATE REGISTRAR		ME	DEPART	MENT OF I			ENTAL H	35		REG. N	4 1	U	
	1. DEC	CEASED NAME E OR PRINT)	FIRST	se	MIDDLE G. LOI	RIA	L	uvall			2a. DATE OF	KNOWN . ESTI- MATED	_	1/ ₁₉ 8	
PLEASE DIRECTOR DUR FILES. 72 HOURS	3 SEX	F	4 RACE B	5. DATE OF BIRTH MONTH DAY Aug 25 19	YEAR 910	6. AGE (IN YE. LAST BIRTHO)	(Y) MONTH		IF UNDER		2c. DATE PRONOUN DE AD		MONTH 5/	1/ ₁₉ 8	10.5
NECESSA UNIVERAL S. FOR YO PORTHIN	FO	RTHPLACE (ST REIGN COUNTRY) Md	15.4	76 CITIZEN OF W	A.	ITRY?	WIDOWE	ED 🗆	VER MARRII DIVORCE	ED D	Ann	e Aur	ndel	County,	MD
SHE SHE	15	Annapo	olis	11. NAME OF HOS (IF NOT IN SUCH FA 97 East OR OTHER INSTITUTION, GI	Stre	reet address)		ER INSTITU	TION	FOR N	NOST OF WOR		YPE OF WORK	OR INDUS	
A A A A A A A A A A A A A A A A A A A	Ha. S	TATE Md	136 COUP		13c. CITY	ortown		YES TY		9	ZEAS			2/4	5/_
AGES.	16a V	Joseph VAS DECEASED	DEVER IN U.S. AR	RMED FORCES?	100. SOC	LAST	/ NO.	F	amie	IN INAME	M	ADDRES	Ster	ney napolis	Ma
DRS AFTER DRS AFTER WITH FO T. PAGES DRVISION	(4)			e war or DATES) nly one couse per line		36 941	4	Thep	dore	J. Jo	ohnso	n 1		ace Dri	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS ATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 1B. "ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. DR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANNSIT PERMIT. ESTIT DEPARTMENT OF HEALTH AND MENTAL HYGENE, NO. 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	gove ris cause (a) lying cou	ns, if any, which se to immediate stating the <u>under</u> se last.	(b)	AS A CON	NSEQUENCE (OF OF	halat.		RT 1 10		the accomples of the latest and the latest accomples of the latest accomples o			
OF VITAL RE SHOULD E WORD. "PEI UP BE USED A MEN OF LEE VED A MEN TO FILE TO BURIAL, OF DURIAL, OF	CERTIFICATION	190 DATE OF	L CAUSE WAS	216. TIME O	F INJURY	DAY YEAR	21c HO	OW INJURY	OCCURRE	-		JURY IN ITEM	18 PART 1 OR P		NO [
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TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH	23o.B	death results ACTUAL SGNATURE EXAMINER'S (TYPE OR PRIN	NAME	Dennis F	Smy	y /	New York	ASS	orde	Undete	Penn	anner AINER	DATE SIGN	5/4	1/87
07/84 BP	24 F	Burial UNERAL DIRECT NAME .E. Hic	TOR	5-5-1987 1922 For		St Mar	rs Ce	meter	v	An	na pol registra 987	AR 256 RE	GISTRAR'S	SIGNATURE	STATE

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	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND SIEALTH AND MENTAL HYG	IENE REG. NO	27	0 2	EDT
5 2 5 47 MAY -6		CEASED NAME (FOR PRINT)	IRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
page page	- 1	WILBUR		CLAYTON	EDWA		MAY	7		1010 PM
se 4 mosctor, posctor, posctor	3 SE)	Male	4 RACE Wh	nite	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF U		FUNDER 24 HRS.
merol dire	No	RTHPLACE (STATE OR FORE COUNTRY) rth Carolin	u.s	ZEN OF WHAT COUNTRY?	1	D X NEVER MARRIED	9 BALTIMORE CITY O ANNE AI	R COUNTY OF	COUNTY	MD.
by the fu	10 CI	GLEN BURNIE	[IF N	ME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET ORTH ARUNDEL	ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Iron Work	F WORKING LIFE)	126 KIND OF E INDUSTRY Local	
filled in full be	13a. S		HOME OR OTHER INS COUNTY INE Arus	of the state of th	N	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS / 600 Delawa		210	61
maRyLy magletely pno2 st		THER'S NAME Arthur	MIDDLE	Edwards		15 MOTHER'S MAIDEN NAME Claudia	WE	Мо	Cuisto	n
n and re Pages 1		VAS DECEASED EVER IN (ES NO OR UNKNOWN) (U.S. ARMED FO FYES, GIVE WAR OR N/A			Mrs. Nell F.			as # :	13
DS, 201 W. PRESTON ST., BATTAGES that the death certifiles signed by the attending physica hen please remove carbompapers to burial, cremation, or removal. jury, or ather traumatic event, the	No	Canditions, if any, w gove rise to immed couse (a), stating underlying cause	MEDIATE CAUS DUI hich liate the lost	E TO, OR AS A CONSEQUE (b) E TO, OR AS A CONSEQUE (c)	ENCE OF	NOT RELATED TO THE TERM	O ITFACO		IN PART 11a	
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OR ATTENDI e haspital or DIRECTOR: A orhed for use Dept. of Heal			, ,	nded the deceased from		nd that in have (bur) apinian				
by the by the ERAL State State		226. PHYSICIAN'S NAM	(TYPE OR PRINT)	4	246		DIRECTOR PHYSIC	IAN 🗌	SHITE	300
TO HOSPITA retained by TO FUNERA should be di with the Sta	73n B	CI FNN F	ROBEIN MOVAL 1236 D		JAME OF C		NIE, MARYLA			
BP	- {	Entombme		y 6, 1987 Gle	en Hav	ven Mem. Park	GlehorBürn			
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME IGLETON Fune	ral Home	ADDRESS		1 2 2 4 2	rec'd. By registrar 5 1987	1	dur . Pan	

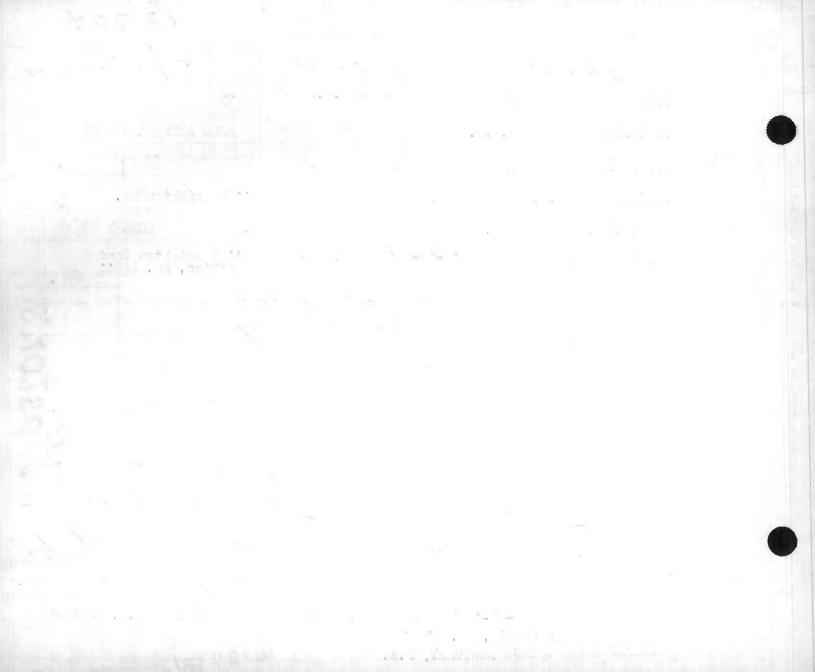


55441 JUN;	l. D	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	F MARYLAND LTH AND MENTAL HY ATE OF DEATH	GIENE 12	703	1
noy be		CEASED NAME FIRST	·Am	MIDDLE F.	EL	pelhardt	2a DATE OF DEATH MONTH	21/07	HOUR 10:28 AM
ge 4 mo)	3. SE	MALK	4. RACE	4116	5. DATE OF	18 / 09 AR	6. AGE (IN YEARS LAST BIRTHDAY)	A PRODUCTION A	UNDER 24 HRS. OURS MINE
oth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED K		County	MD
		Crofton	11. NAME OF (IF NOT IN SU	HOSPITAL, NURS IN	ADDRESS)	OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF B	
	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	d. INSIDE CITY LIMITS?	Ret. Military		
	14. F.	ATHER'S NAME FIRST	Arundel	LAST	1:	MOTHER'S MAIDEN N	1718 Appomatto	LAST	035
medical su					RITY NO. 1	Julia	Anne	Clinch	
BALTIM cate be capers. Pe apers. Pe val.	H	YES C.	nly one couse pe	549-48-	-771-1	Philip N. L	ivingstone same	e as 13e.	TE INTERVAL SET AND DEATH
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that the death certification is a by the attending passe remove carbon al, cremation, ar ren rather traumatic ever after the contraction.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF				
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ATTEND or Spiral or CTOR: A for use of Heal		22a I certify that (I) (this has saw the deceased alive a above (I) (we) (did) (did i	1 5 22	7 19			n death occurred on the date and		t (I) (we) lost uses stated
by the hor ERAL DIRE e detached e detached State Dept		226. SIGNATURE	E Se	louil	un		MEDICAL STAFF DIRECTOR PHYSICIAN	5/27	187
TO HOSPITA retained by TO FUNER should be d with the Sta		STUANT E.	Selon				lin St. Auna	polis, Med	4014
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Charage ome	K.16000 A	nnapol	is Road 250 DA	ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATUR	F

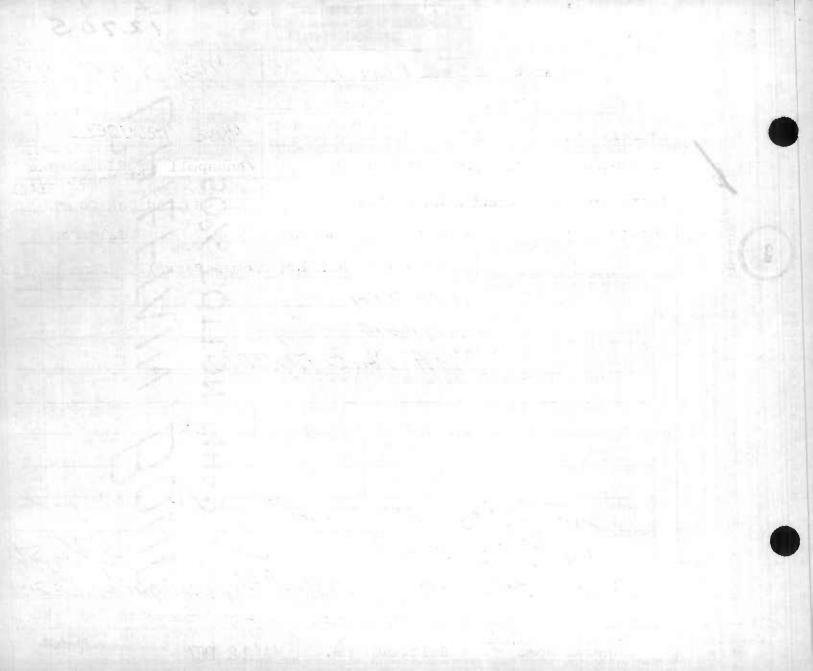
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STATE OF MARYLAND 1270 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME ERNEST. TYPE OR PRINTS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR BLACK MALE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED DEVER MARRIED ANNE ARUNDEL COUNTY U.S.A. WIDOWED -11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13d INSIDE CITY LIMITS? MARYLAND NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE E. EVANS SARAH BURLEY E. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT SARAH E. EVANS 1182 Wrighton Road (YES PO OR UNKNOWN) 214-14-0416 Lothian, Md. 20711 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) and opinion death occurred on the date and hour and from the causes stated Idid nati view the body after death 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IAN'S NAME 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY BURTAT 5-29-1987 MOSES CEMETERY 24 FUNERAL DIRECTOR Annapolis, Md. 21401 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 WILLIAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)



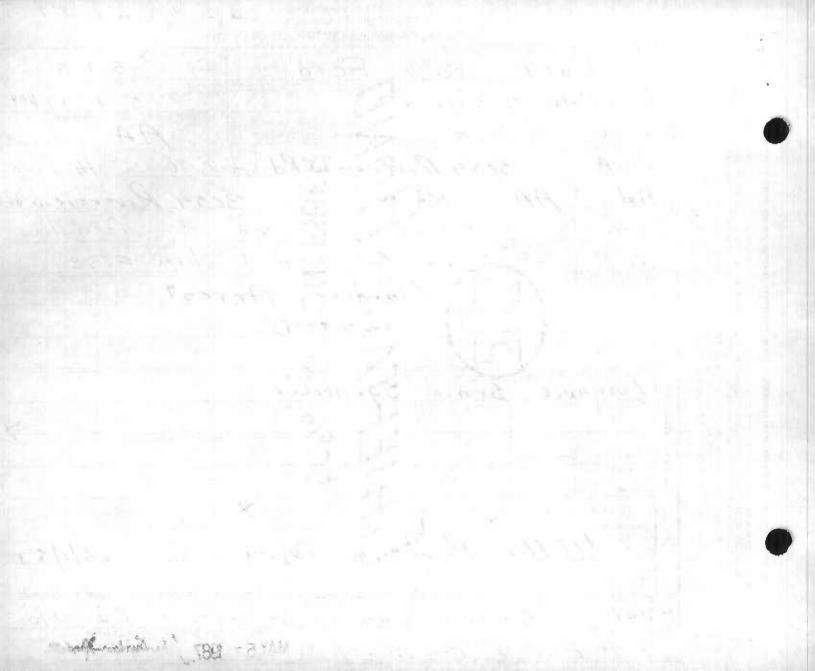
STATE OF MARYLAND



248/	FOR STATE REGISTRAR		DEPARTM	STATE OF A STATE OF A	H AND MENT		E REG.	NO.		
poge 3	1. DECEASED NAME (TYPE OR PRINT)	FIRST PLACE	MIDDLE	FORD 5 DATE OF BIRT) ,		DATE OF DEATH	4 1	1987 IF UNDER LYEAR	2h HOUR 3 58 M
ge 4 min	Male	White	e	MARCH	DAY VE	903	84		MONTHS DAYS	HOURS MIN.
nerol dire	Deale, Md	OREIGN 76 CITIZEN OF USA	WHAT COUNTRY?	MARRIED X	NEVER MARRIE	IED 🗆 9 E	Anne Ar	_		MD.
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filled in Edition	USTAL RESIDENCE (IF NURS 130 STATE Md.	136 COUNTY A.A. CO.	GIVE RESIDENCE BEFORE 13c CITY OR TOWN	YES			STREET ADDRES	s/zipcode um Pt	. Rd.	0757
MARYLA mpletely sood 8 s	14 FATHER'S NAME Henry	Franklin	Ford	15 M	Jénn		WIDDLE		Knop	p
BALTIMORE, MARYLAND cote be executed within 24 spicion and competely filler apers. Pages 1 and 2 similar aval. Int, the medical examine	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	320-16-7		erenic	ce A.		13e		
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(TTENDI spital or CTOR: A for use of Heal	saw the decease	(the hospital) attended to ed alive an	19			76 opinion dea	, toth occurred on the	date and hou	r and from the	
PITAL OI by the ERAL DI State De ANT: If If	174 SIGNATURE	11 11	Step	EGR 122e	ADDRESS	IDING ICIAN DO		TAFF SICIAN [27c. DATE	5/87.
TO HOSI	230 BURIAL, CREMATION, Burial		23c N	NAME OF CEMET Oodfiel			23d LOCATION CITYOR TOWN Galesv	ille	COUNTY	Md STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FUNERAL DIRECTOR T.A. Harde	sty An	napolis,				Y5-B	-	RAPE SIGNAT	Morre



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO T DECEASED NAME O DATE KNOWN 2h HOUR MONTH (TYPE OR PRINT) OF 1087 DEATH MATED & AGE (IN YEARS IF UNDER 1 YR 7d HOUR 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STAJE OR MARRIED NEVER MARRIED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS touschold 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), god APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which SCUD gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DR
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion death resulted fram: Homicide Undetermined manner EXAMINER'S NAME 1111 P . Jones. ADDRE 695 America Crt. Davidsonville Md 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR' 23d LOCATION 07/84 25M 24. FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs ofter retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNEAL DIRECTOR. After this certificate has been signed by the attending physical plants are stocked for use as the burial-transit permit. Then please remove carbon popular the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal MIP. If them 21 is marked or them 18 shows any injury, or other traumatic event, in

miled in by the function director, page 3 miled artified a mile 72 hours after death

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1.1.	- STATE			DEPARIM		ILALIH AND MENTAL HYG	IENE			3
13.	REGISTRAR					ICATE OF DEATH	REG. NO		The same	
	CEASED NAME	FIRSI		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	C ONTROOP	Frank	k	Lee	F	oster	May	6,	1987	3:15 PM
3 SE	Х		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER TYEAR	
	Male		Whit	e	Daca:	aber 29, 1960	26	YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OF	REOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
	aryland		II.C	A		D NEVER MARRIED X	Anne A			
	ITY OR TOWN OF DE	ATH	US		G HOME (DR OTHER INSTITUTION	12a USUAL OCCUPATI			MD. OF BUSINESS OR
D.	asadena		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O			
	AL RESIDENCE (IF NUI	SING HOME OF		ora Drive			Maintance N	lan	Hospi	ital
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_	laryland	AA	Co.	Pasadena	3	YES NO X	9 Sonora I	rive	2112	22
17	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ST
1	Frank		Т.	Foster		Shirley	J.		Lee	
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT (Fath	ner) ADDRE	SS		
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=	OR CONTRIBUTING									
MEDICAL	21d INJURY OCCUP		P. PLACE		19	211 LOCATION				
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	220. SKSSPATERE	in One	1110 1	41.		DEGREE ATTENDING .	MEDICAL STAF	E	22c. DATE	SIGNED
-	Ceu	ween	W HO	unu		PHYSICIAN	DIRECTOR PHYSIC		15-0	18
	22d. PHYSICIAN'S N	IAME (TYPE C	OR PR			22e ADDRESS 1277	Green Holly	Driv	re.	
	Dr. Corn	elia l	Dettmer,	M.D.			polis, Mary		21401	
	BURIAL, CREMATION	, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE
	Buri	als	May 9	1987 Me	adowr	idge Mem. Par	k Elkridge	Но	ward	Maryland
24 F	UNERAL DIRECTOR	100	walter	ADDRESS			E REC'D. BY REGISTRAR			
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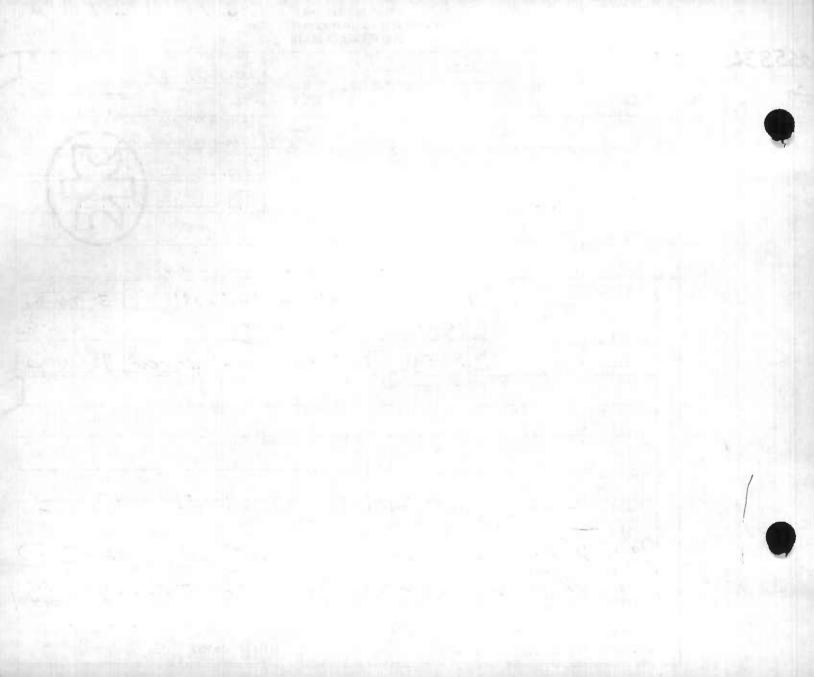
	١,	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	12109
	Γ'	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	N-4
1001		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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9 19	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4		FEMALE	WHITE	03 - 12 -1910		MONTHS DATS HOURS MIN.
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			ital) attended the deceased from	8/13 19/40	Z.10_ 5/28	
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show the MAP	23a	BUBIAS CREMATION/REMOVAL	[23b DAT] 23eg	LAME OF CEMETERY OR CREMATORY	23d LOCATION	7 54
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	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HI ICATE OF DEATH	GIENE		1 4	
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JUN -	I DECEASED NAME	rdon Wal	llace	Gammor			1-87	DAY TE	AR 2b HOUR
le	Male Male	4 RACE White		S. DATE C	. 1, DAY 1934AR	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UNDER 2
57	70 BIRTHPLACE (STATE OR COUNTRY) Maine	FOREIGN 76 CITIZEN OF USA	WHAT COUNTRY	? 8. MARRIEI WIDOWE	DI DIVORCED	0	e Arunde	UNTY OF DEAT	н
あ て	Edgewater	872 N	iilisideni	NG HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATION RK FOR MOST OF WORK Engineer	126 KIN ING LIFE) INDUS	nd of Busines Try dix All
35	130. STATE	136 COUNTY A.A.	136 CITY OR TOV Edgewate	WN	130 INSIDE CITY LIMITS?		ADDRESS / ZIP (Hillside	Dr. 21	037
\$0	14 FATHER'S NAME FIRST Charles	Everett G	ammon		15 MOTHER'S MAIDEN N Mildred	IAME	MIDDLE	Kil	patrick
medicol	(YES NO OR UNKNOWN) Yes	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SEC		Dorothy L.	Gammon	# 13e		
injury, or other		e lost. (c) S	SEVE CONTRIBUTING TO	DEATH BUT			3		
Shows only	190 DATE OF OPERA	Line as elect		H OPERATIO	N WAS PERFORMED	20a AUT	NO IN (IF YES, WERE F CERTIFYING CA YES []	USES OF DEAT
18 s	OR CONTRIBUTION	CAUSE OF DEATH HOUR A	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJURY OCCI	JRRED (ENTER N	ATURE OF INJURY IN IT	EM 18 PART I ORPAI	RT 2)
orked or	(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE TE (AT HOME S	OF INJURY TREET FACTORY, OFFICE,	FARM ETC)	21f LOCATION STREET	7 H	CITY OR TOWN	COUNT	TY 51
m 21 is m	sow the decea above, (1) ((this hospital) ottended to sed alive an May (did not) view the bad	2000	\$7.00	nd that in (my) (sen appinion	on death accurr	ed on the date on		
NT: #	22 SIGNATURE	1. Kiclar	dsen.	M.D.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS		STAFF PHYSICIAN	6	-Z-
IMPORTANT: IF	GARY	M. Richel	rdson,		104 FORDE	es Stx	ret/	ANA,	polis 1
_	230_BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL 23b DATE 6-3-8		NAME OF C		Ann	apolis	AA.Co.	Md.
M 7/B4	74 FUNERAL DIRECTOR T.A.Hardes	ty Annapolis	Md.2140	1	25a. D	UN2	REGISTRAR 256 R	EGISTRARIS SIG	NAME

DHMH - 16 60M (VRA 15, 4)

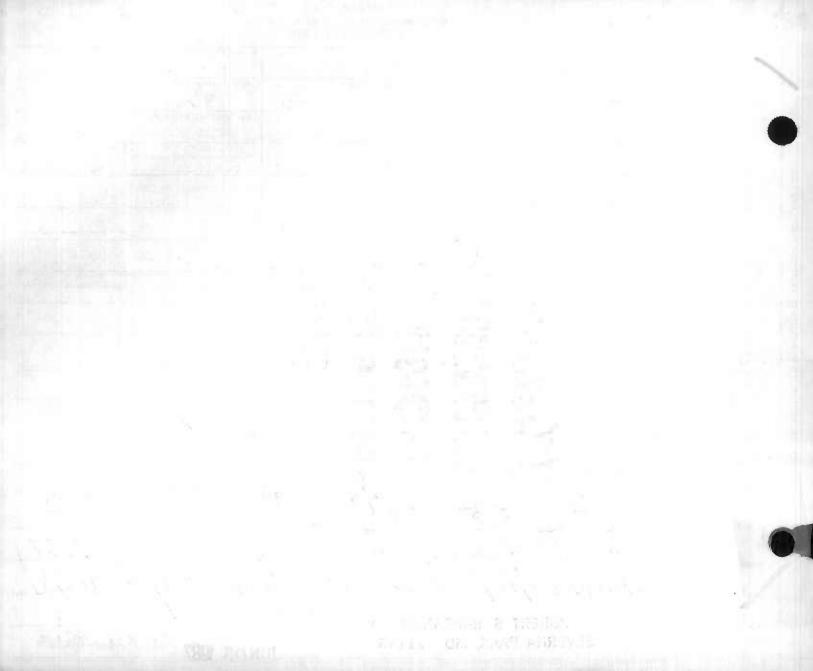
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053	5 2 6 MA	1	FOR, STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAN HEALTH AND ME FICATE OF DEA	NTAL HYGI	ENE REG.	NO.	2 /	EDT
			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
Ď.	deoth	JAA.	BEIT	Y-JEAN			GER	KIN		MAY	12,	1987	2 40 AM
4 moy	offer d	3. SE	x Female	4.	RACE Wh	ite	MON		YEAR 1940	AGE (IN YEARS LAST	N.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Poge	direc	70 8	RTHPLACE (STATE OR E	ORLIGN 73	CITIZEN OF	WHAT COUR		ary 10, 1	740	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
deoth	555		Maryland		USA		MARR		RCED	ANNE	ARUNDEL	COUNT	
to offer	1514	10 C	GLEN BURN		NAME OF		URSING HOME STREET ADDRESS) DEL HOS	OR OTHER INSTITU PITAL		126 USUAL OCCUPA TYPE OF WORK FOR MOS Counter Co	ntrol		Lanes Bow
hour	53-17-	USU 13a	AL RESIDENCE HE NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE		134 INSIDE CITY	LIANITED 1	13e STREET ADDRES	S / 710 CODE		anco bon
2 4	1305		larvland	A A C			Burnie		10 X	415 Luthe		2106	51
uthro	主部大型		ATHER'S NAME		DDLE	LAS		15. MOTHER'S M	ALIDEN NAM	E MIDDLE	1000	LA	
, p	W.W	1	John		Ι.	West		Vir	ginia	E.			a 1 1
executed	(TO 8)		VAS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17 INFORMANT	(Husba	and) ADD	RESS		
\$ \$	O DOLL		NO	NA	WAR OR DATES	218.3	6.2782			cin. Jr.	Same	as #13	
DIVISION OF VILAL RECORDS, 201 W. PRESION 31., BALLIMORE, MAKILAND 2120	n. to been signed by the attending permit. Then please remove carte prior to burial, cremotion, or the prior to burial, cremotion, or we ony injury, at ather troumatic	CERTIFICATION	Canditions, if ony, gave rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN 19e DATE OF OPERA	nediate g the last. NIFICANT CO	DUE TO, O	OR AS A CON		T NOT RELATED TO		200 AUTOPSY?	20b IF YES	, WERE FINDS	NGS USED S OF DEATH?
The The		- E	21a, ACCIDENT WAS UNI	DERLYING [21b. TIME C	TE INTITION		121r HOW INJU	IPV OCCUPE	YES NO		S 🗀	NO 🗌
PHYSICIAN.	ding physicio s certificate buriol-transit Mental Hygie them 8 sho	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CALEXAMINER)	HOUR A	.M. MONTH	H DAY YEA			CO (ENIER NATURE OF I	OURT IN HEM TO F	ART OR PART 2)	
ING PH	fter this as the b th and A	MEC	WHILE NOT WE AT WO	TIE C			OFFICE, FARM ETC)	STREET		CITY OR	TOWN	COUNTY	STATE
OR ATTENDI	hospital or thed for use tept of Heal them 21 is m		22a. I certify that (I) sow the decease above, (I) (we) A 22b. SIGNATURE					DEGREE		eoth occurred on the	26.1		that (I) (we) last causes stated
IAI	MERAL D be detoce e State D TANT: #		224 PHYSICIAN'S NA	AME (TYPE OF	· STO	M	Q41.		YSICIAN	DIRECTOR PHY			
O HOSP	TO FUNERAL should be der with the State IMPORTANT:				RA M.D				N BURN	WELLHAM A	VENUE,		203
5	ē ∺#3 ≥7		BURIAL, CREMATION,		236 DATE		23c NAME OF	CEMETERY OR CRE		23d LOCATION			Frate
E	3P		Buria	1	May 15	, 1987	Glen H	aven Mem.	Park	Glen Bur			Maryland
DH/	MH - 16 60M 7/84 (VRA 15, 4)		uneral director ngleton Fu	heral	Home?	Glen B	urnie,	Maryland	250. DATE.	Y 1 4 1987	AR 256 REGISTI	RAR'S SIGNA	Hilde

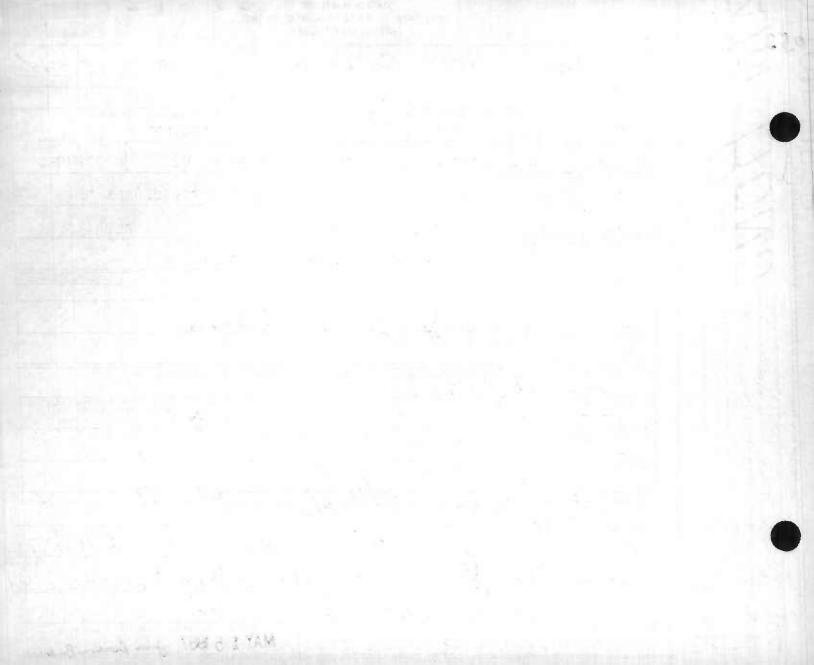
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055894 JUN-		FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGIENE	REG. N) .	2 /	1 3
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ge 4 mor	3. SE X	F		4 RACE	_	5. DATE C	F BIRTH YEAR		1 IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
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1 11 11 11	10 CIT	Y OR TOWN OF DEAT	H	11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION		UAL OCCUPATI	ON		BUSINESS OR
10 s off	Ar	napolis					. Hospita		esiden		Rea1	Estate
212 hour		RESIDENCE HE NURSE	NG HOME OR	OTHER INSTITUTION		E ADMISSION)						20000
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YIA up a A		HER'S NAME				<u> </u>	15 MOTHER'S MAIDER			Ita.	21110	
AAA B BACKO	Не	enry		Sn	OOK		FIRST -	lin-Ja	MIDDLE		LAST	
RE, A	16a W	AS DECEASED EVER I	N U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT /	, 0 0	ADDRE			
OW SERVICE STATE	(YE	S, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216 46	747n	Robert/G	ziddin		O Box		100
VST., BALTI		8 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	ly one couse per D BY: E CAUSE (o)	r line for 197, 164, or	lac C	Irrest	JI da III	go An	nap,		MATE INTERVAL INSET AND DEATH
RDS, 201 W. PRESTON squires that the death consistency to the attending the please remove corbins to burial, cremation, or nijury, or other traumatic	NO	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse	the lost.	(b) DUE TO, O	ONTRIBUTING TO	INCE OF SOLS	Mel- NOT RELATED TO THE	TERMINAL DIS	SEASE OR CON	DITION GIVE	N IN PART 110	
NG PHYSICIAN: The law require ottending physician. The law requires the this certificate has been signed on the buriol-fransis permit. Then the ond Mental Hygiethe pring to be acked or term. Il 8 shows any injury arked or term. Il 8 shows any injury	CERTIFICATION	90 DATE OF OPERATI	01	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 YES	AUTOPSÝ?	206. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
ON OF VITAL HYSICIAN: The ding physicion is certificate buriol-trains. Mental Hygies or item. 18 sho		OR CONTRIBUTING CALLER THE THE CALLER THE CA	AUSE OF DEA			AY YEAR	21c HOW INJURY OC	CCURRED (EN	TER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
DING PHYS or offending an offen this c e os the bur ofth ond Me	¥	WHILE NOT WHE		21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
NTTENDI spiral or CTOR: A for use of Heal	L		diverse	ol) ottended the	5 / 19	-	d that in (my) our) op	inion death ac	Curred on the do	ite and hour	and from the c	
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TO HOSPIT reformed by TO FUNER should be d with the Ste	23a BU	HYNO C	EMOVAL	HOX 23h DATE	ander	NAME QF CI	J300K	7C/12	OCATION	4/1	nold	1110/
BP	(5)	Burial	RORE	b5-29	S KID A LIKE	60-	WEITERY OF BEMAN		Dorse			MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Z4 FUN	NAME SE	/ERN	A PARK	, MD. ADDRE 21	146		JUNO:	BY REGISTRAR	25h REGISTR	ACCOMPANIE	IRE SHOULD BE



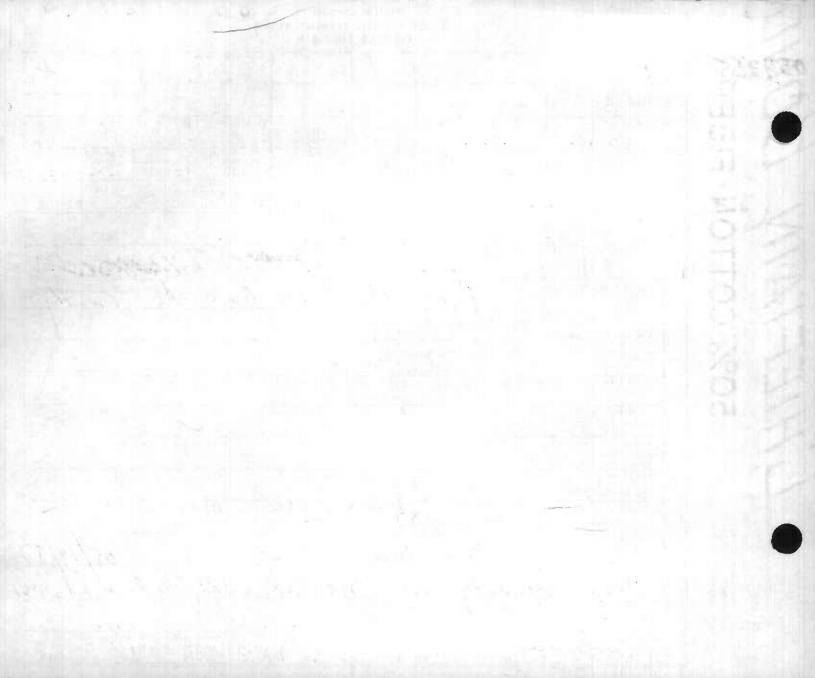
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0e 4	ector pours offer o	3 SI	F	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER YEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN,
D to	1469		RETHPLACE (STATE OR FOREIGN COUNTRY) EW YORK	76. CITIZEN OF WHAT COULD U.S.A	AAADDIG	NEVER MARRIED DIVORCED	BALTIMORE CITY C	NDEL	MD.
1	135	2	NNAPOLIS	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE A.A. GENERA	NURSING HOME C ESTREET ADDRESS) L HOSP]		17ª USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	ON 126 KIND (INDUSTRY HOUS	OF BUSINESS OR EHOLD
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() P	1 1000		ATHER'S NAME FIRST ILLIAM H	MIDDLE 1A	st ENNY	ORAL	WE	BRETLÍ	NGER
	Poper Poper	160	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	20-7460	ROBERT E.	GOODSELL	13 E.	
ficote be e	physicial popers. moval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)		(b), and (c).)	ilus		APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
h cert	ading carbor or rer		IMMEDIAI	DUE TO, OR AS A CON	SEQUENCE OF		· // ·	La Company	
ING PHYSICIAN. The low requires that the death cert	by the atter ise remave of cremation, other traum		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b) CON DUE TO, OR AS A CON	playe	mi Cu	nhass		
equires th	Then plea to burial	N N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN IN PART 1	(0
he low re	has been to permit.	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
CIAN.	ding physicic s certificate burial-transit Mental Hygin or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTIONS CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	Secret
IG PHYSICIA		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR 10	OUNTY	STATE
TTENDIN	TOR: Affor use of Health		22s.1 certify that (1) this happen tow the decreased allow on above (1) and (did no	Signature body offer down	To be the second	d that in(my)(g/r) apinion	death occurred on the d	ote and hour and from the	that (1) ye) last
AL OR A	4 1 6 6 4	4	The Signation of C	assidi	1/	ATTENDING A	MEDICAL STA		13/37
O HOSPIT	retained by the TO FUNERAL should be derived with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE)	assiw		1711) pton	se Hux	Aunapol	15 2140
_		230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION/	COUNTY	STATE
	BP		BURIAL	5/16/87	BOXWOO		MEDINA	ORLEAN	
DH	MH - 16 60M 7/84 (VRA)5, 4)		UNERAL DIRECTOR ARDESTY FUNER	AL HOME 12	RTDGELY		AY 1 5 1987	256 REGISTRAR'S SIGNA	

ANN, MD



			FOR		D			MARYLAND	TYGIENE	1	2/	1 ;	5
054	0.00 111		STATE REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.			-t
	44.00	1.06	ELED NAME	FIRST		MIDDLE		LAST	20. DATE	KNOWN A	MONTH DA	Y YEAR	2b. HOUR
	MARKE	(TYP	E OR PRINT) FRA	INCES	EVE	ELYN	60	LADDICK		MATED	5 15	1957	5:23
	20年文芸	3. SE)	4. RAC		DATE OF BIRTH	YEAR LAST BIRTH		HS DAYS HOURS	MIN. PRONOU		MONTH DA	YE AR	2d. HOUF
	SY SON	F	emale Wh:			- 33 53	YRS.	NO DATO MODES	DEA	Ď ,	5 15	1957	5:23
-	SE TO		RTHPLACE (STATE OR	71	CITIZEN OF WH	AT COUNTRY?	8 MARE	IED NEVER MARR	IED 9 BALTIA	AORE CITY OR	A .	FDEATH	2700
	CERRE	Ma	aryland		United S		WIDOV				MOU	162	. MD
	SEGH S		TY OR TOWN OF DEA		(IF NOT IN SUCH FAC	PITAL, NURSING HOA)		12a USUAL OCCU	RKING LIFE)		KIND OF BU OR INDUSTR	RY
	\$22 BY =		nnapolis			ndel Gener		spital	Departme	ent Mgr.	F	Retail	
21201	ANY	13a. S	AL RESIDENCE (IF IN NU TATE aryland	136. COUNTY Arne A		130. CITY OR TOWN Arnold	SION)	13d. INSIDE CITY LIMITS? YES NO D	13e STREET ADDR	ston Ro	ad / 2	21012	
WD.	すべきのでうつ	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
2	#####	Sa	amuel	,	WIDDLE	Cross		Estelle		WIDDE	V	Ward	
WO	N S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECUR		17. INFORMANT		ADDRESS		B1 1437	
ALT	A SE		ES, NO, OR UNKNOWN) NO			219-30-29	91	Robert H.	Graddick	(Same	as # :	13)	
1,2	D W L		18. CAUSE OF DEAT PART I DEATH W	H (Enter only o							В	APPROXIMATE	E INTERVAL
SNO	A HE WAR			IMMEDIATE (CAUSE (o)	CUTE		ONART.	INSUFFI	C16NC	7	MINU.	765
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. P	MINE MINE MINE TRAN		Conditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF										
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	G". I		PART 2 OTHER SIGNIFICAN	T CONDITIONS EON	TRIBUTING TO DEATH R			E OB CONDITION GIVEN IN PA	LDT 1			-	
RECORDS	SA E	Z				or not keepled to the tel	WING GITTE	c on condition diven in Ly	KI I (d).				
N N	OULD BE EXECUTED O''' FINDING" IN PR IFF MEDICAL EXAN SED AS A BURIAL- E HEALTH AND MEI ALL, CREMATION, C	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OPE	RATION V	AS PERFORMED?			20	AUTOPSY?	?
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OF.	E WE SENTE STEEL	CER	210. EXTERNAL CAUS		21b. TIME OF	INJURY MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE OF H	JURY IN ITEM 18 PAR	T 1 OR PART 2)		
NO	DE LOS PER CONTROL DE LA CONTR	CAL	UNDERLYING CONTRIBUTING	CAUSE OF DEA	ATH P.M.	19	""						
DIVISION	CERT TIN SED 3 SF DEP	MEDICAL	WHILE DOT	RED		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	CITY OR TO	OWN	COUNTY	77	STATE
٥	R: THIS CERTIFICATE SHE TIE, WRITING THE WORL REWARDED TO THE CH R: PAGE 3 SHOULD BE E. STATE DEPARTMENT O D. 21201 PR OR TO BUR	-	AT WORK AT W	ORK									
	ATE. T ORV ORV JE. P LE SI		220. I certify that I	took charge a	of the remains desc	ribed obove, held on	Auto	osy . Inspectio	n Inquiry	ond i	n my opinion		
100	MIN PER PER PER PER PER PER PER PER PER PER		death resulted from	: Notural	couses .	Accident , S	ivicide [, Homicide .	Undetermined m	onner .			
	CERI CERI		ACTUAL	111	//			TITLE (SPECIFY)			DATE		
	SHO SHOW		SIGNATURE	1/ _	110	-5-	^	DEPUT	MEDICAL EXA	MINER	DATE SIGNED		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIMMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	CHA	NIGS	A SE	1661	ADDRESS 780	RITCH	16 H	W95	VPR	•
	大型ダスタタ	23a.B	URIAL, CREMATION, R BULLAL	EMOVAL 236	DATE 19 -	87 MD Vete	EMETERY	Cemet ory	236. LOCATION	2226	COUNTY		TATE
07/84 25M	BP	24 E	UNERAL PREDIOR		ARRANCO) TE Vace	Tamb	-		ille, A		MD	
	DHMH - 17		NAME		MAD ADDRESS	146		MAY	9 1987	AR 246 REGIST	Cordary.	Kargosa	let .
	(VR A15 ME (5))		SEVERNA	FARN,	1110. 21	* 10							

STATE OF MARYLAND



53251	li:	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH	REG. NO.	12/	EST
o, ∞ €		CEASED NAME DOR]	S	MIDDLE	GROV	ĖS .	MAY 07,	1987 YEAR	854 PM
ge 4 moy be ector, poge rs ofter deol	3. SE	x Female	White		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
heroth. Por		RTHPLACE ISTATE OR FOREIGN	U.S.		WIDOWE		9. BALTIMORE CHE OR C	UNDEL PEOUN	MD.
by the following		"CLEN BURNIE				PITAL PITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Baker-Cafeter	RKING LIFE) INDUSTRY	OF BUSINESS OR
MARYLAND 21201	130 M			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bus	'N	13d INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS / ZIF 114 West Fur	COD	1061 ch Road
		William	WIDDIE	End]		15. MOTHER'S MAIDEN NA FIRST Mary	WIDDLE	Hadle	e y
BALTIMORE,		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR OATES)	216-16-8		Roland D. G	roves Sr.	Same as 1	
NG PHYSICIAN: The low requirement the earth certificate of the control of the con		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	TE CAUSE (o) DUE TO, O (b)	BASA CONSEQUI	ENCE OF	Cayrer Cayrer	y Arvest	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
v requir	ATION	PART 2 OTHER SIGNIFICANT		M	A	NOT RELATED TO THE TERM		ON GIVEN IN PART 11	
OF VITAL REC CIAN: The lov physicion. ritificate has E obtronsit perm ntal Hygiene p	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME C	K 27	MI	2	YES NO TO	CERTIFYING CAUSES YES	OF DEATH?
ATTENDING PHYSI ospitol or ottending PECTOR: After this celefor use os the burn. of Health and Men. To its morked or the man. 21 is morked or the man.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 220. I certify that (I) (this hosp sow the deceased alive a obove, (I) (mey/distribution) 220. SIGN A) JELS	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC)	211 LOCATION STREET , 19 ond that in (my) (our) opinion	deoth occurred on the libite o	COUNTY	
O HOSPITAL OR control by the h		226. PHYSICIAN'S NAME (1998 DR ROSENSE				ATTENDING PHYSICIAN 5	MEDICAL STAFF SOR HORTHPHINOX RE, MARYLAND	n	8/87
BP	L	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 5/11/			ven Mem Park	Glen Burni		Md
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OR red red riginization	è	A y porchaleteralettia om physonti	
RECC Sony	S.	106 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	H?
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(VRA 15, 4)	110	aylor Funeral Chapel-Angolis My MAY 14 1987	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis Md. 21401

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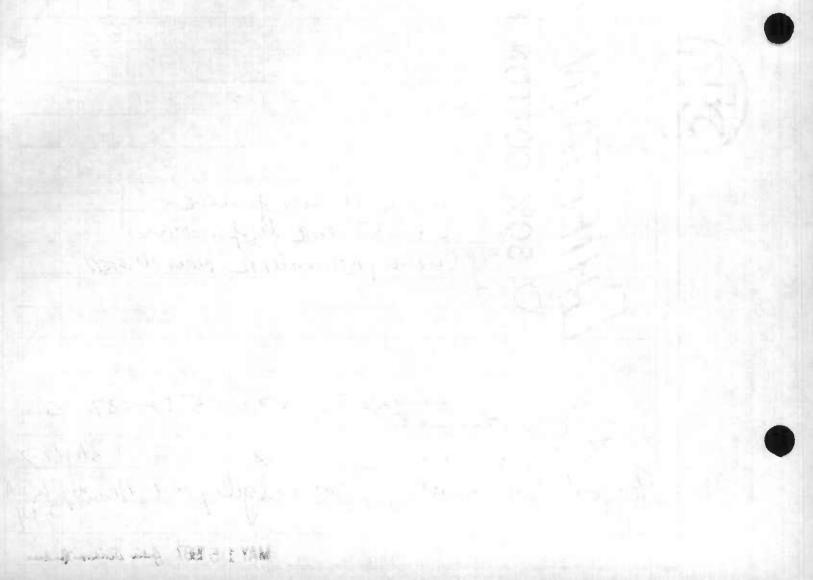
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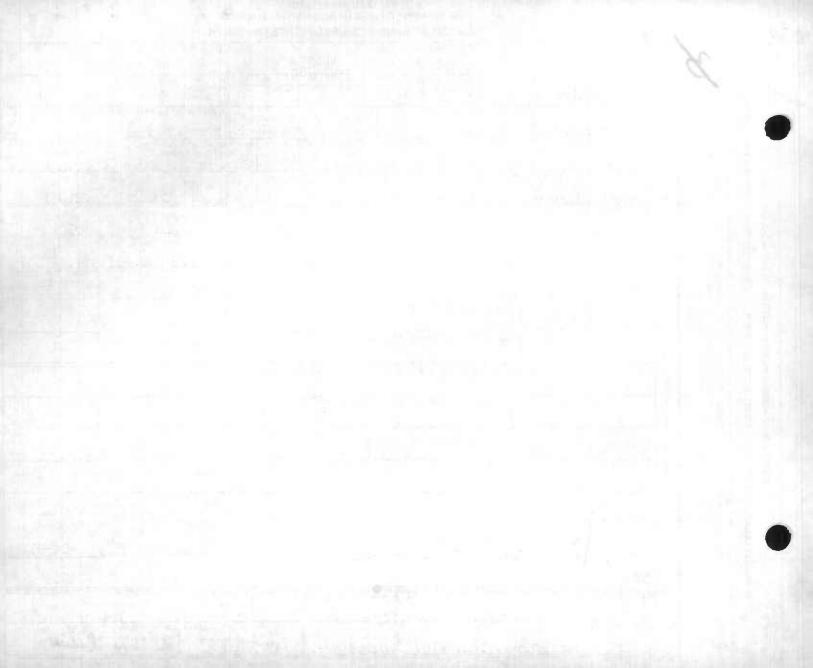
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORM TO FUNERAL DIRECTOR: D AFTER DEATH, WITH THE ST BACTIMORE, MARYLAND, 2		(TYPE OR PRIN	Ar	ın M. D	ixon,	M.D	•		ADDRESS_	111 1			alto.,	MD 21	201	
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055000 Jun.	11 5	FOR STATE 'REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. NO.	1 2	12	2 EDT
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MON	TH DAY Y	AR 2b. HO	UR
y be		LAWRENC	E RO	BERT	HAR	DESTY	MAY	26, 19		15 AM
36 4 30	1 SE	Male	4 RACE Wh:	ite	Apri.		6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDE	MIN.
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TTENDIN TTENDIN TOR: At for use of of Healt		220 1 certify that (15 (this has saw the deceased alive a above, (16 (we) (did) (did)				ad that in (my) (our) opinion	death accurred on the date of		that (the mathe causes s	
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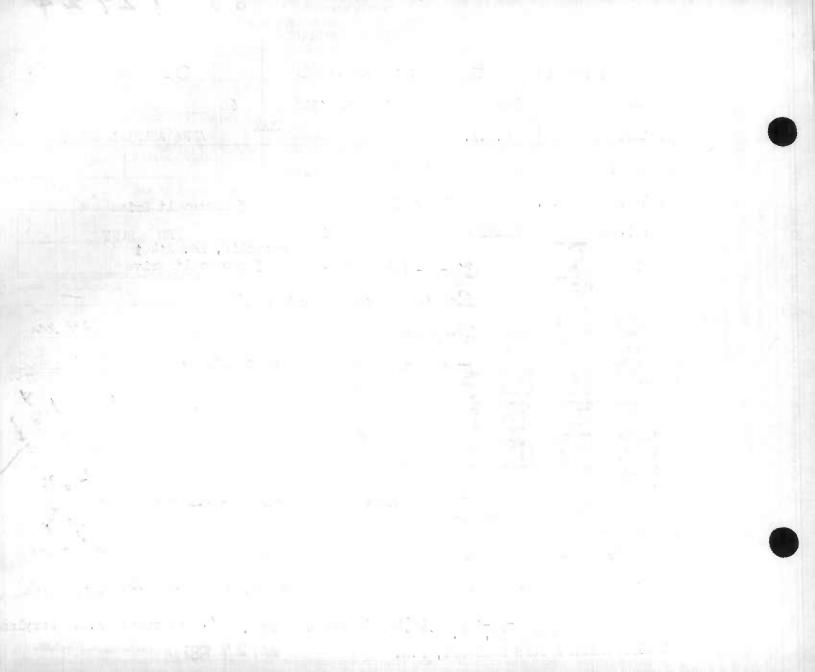
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	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2 / 2 3
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ALCOHOL MANAGEMENT OF THE ACT OF

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

05498	2	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENTAL HY	YGIENE	REG. N	0.	14 . 1	1 4
be 64 / /		CEASED NAME OR PRINT)	Juli		Lenick		Haynes	20 DATE	OF DEATH May	26,	1987	26 HOUR 5:40 PM
s offer d	J. SE	x Female		4 RACE Whi	te	5. DATE C	ist 4, 1928	6 AGE (58	YRS	MONTHS DATS	IF UNDER 24 HRS
nerol din		RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIA	BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel Co			unty MD.
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F G€	uneral director corge J. Go	nce 4	001 Rit	chie Mgwy	Bal	to Md.	AY 28	Y REGISTRAR		STRAR'S SIGNA	



DEPARTMENT OF HEALTH AND MENTAL STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN XMav 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED MITHIN 72 HOURS Willis Hein 5-30 1987 Kirk 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER I YR. 2d HOUR SEX IF UNDER 24 HRS 2c. DATE May HULERAL DIRECT YOUR IS 3;35 A M LAST BIRTHOAY PRONOUNCED Male. White DEAD June 23, 1965 2 Tyrs 16. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Anne Arundel County USA Maryland WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Anne Arundel General Hospital Annapolis Service Manager Hein Bros. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21401 30. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland Anne Arundel 1912 Hidden Point Road Annapolis NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Carl L. Hein, Jr. Dorothy Willis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Father) (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 217.58.1373 Carl L. Hein, Jr. NA Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries and thermal injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE VED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21,201 PRIOR TO BURIAL, YES & NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Driver of auto lost control 1:45AM 5-30- 1087 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Pleasant Plains & Midvale Rds, Annapolis, WHILE AT WORK AT WORK road Arme Arundel, MD Autopsy V 228 I certify that I took charge of the remains described above, held an Inquiry and in my opinion Accident V death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-31-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., MD 21201 Margarita A. Korell, M.D. (TYPE OR PRINT) 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 234 DAT 234 NAME OF CEMETERY OR CREMATORY STATE Glen Haven Mem. Glen Burnie A A Co. Md. 07/84 BP 25M 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIE 750. DATE REC'D BY REGISTRAP DHMH - 17 JUN 4 Doordoon- Ka Funeral Home Glen Burnie, Maryland (VR A15 ME (5))

STATE OF MARYLAND



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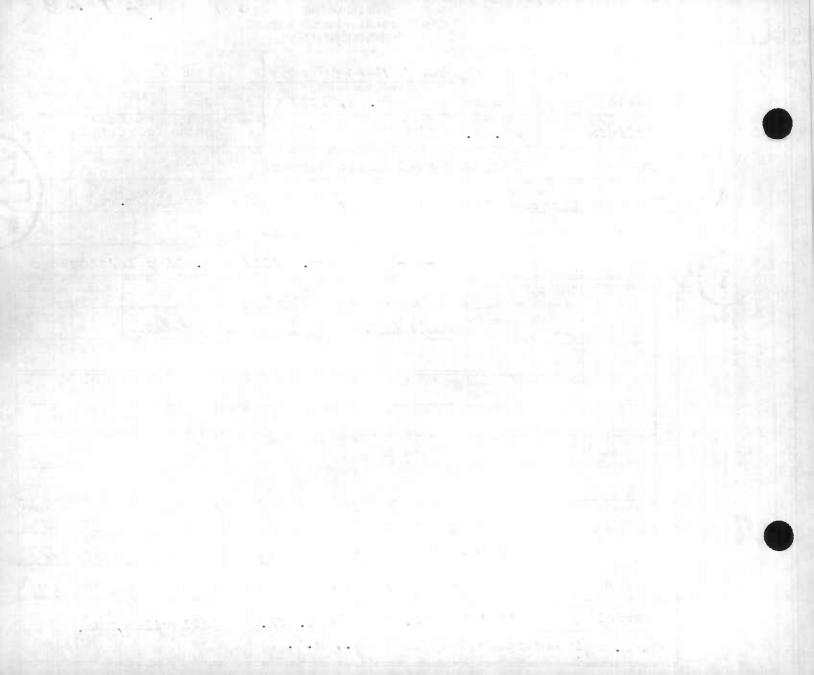
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR			CEKIIII	CALL OF DEATH		REG.	NO.				
		CEASED NAME FIRST	MIDE	DLE	L	451		2a DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
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П	3 SEX		4. RACE	200	5 DATE O			AGE IN YEARS LAST E	SIRTHDAY)	MONTHS	ER I YEAR	IF UNDER	
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5	13a S		ITY 13	eresidence before A L. CITY OR TOWN Cambril	11	134 INSIDE CITY LIMIT	_	3 STREET ADDRESS	all	DE Dr.	2	100	54
)	14 FA	THER'S NAME John Hobse	MIDDLE O n	LAST		15. MOTHER'S MAIDE Hat	tie	ALDDI F		¥.7	ŁAS1	1	
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	Ĕ							YES T NOT		YES T	CAUSES	OF DEAT	
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1		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1	2	(IF EITHER NOTIFY MEDICAL EXAMINER			19	AN LOCATION				_			
	MEDICAL		21e. PLACE OF	FACTORY, OFFICE FA	RM, ETC)	211 LOCATION		CITY OR	IOWN	C	PINUC		STATE
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1		URIAL, CREMATION, REMOVAL	23b DATE	23c. N	AME OF CE	METERY OR CREMAT	TORY	234 LOCATION					
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1	24 FU	INERAL DIRECTOR				75		REC'D. BY REGISTRA			SIGNATI	URE	
	Joh	hn AT. Rhines	ompany	30105 ESS 12	2th S	St., N.E.	MAY	25 1987	1.77	Street 18	ion-Ra	- 8	



		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	29
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ON O STHE TO TO TO THE MARTIN		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	
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FER: TI ATE, FORW OR: P, ND, 2	1	22s. I certify that I took charge of the re	emains described above, held an Autapsy 🔲 , Inspection 📈 Inquiry 🔲 , and in my api	nian
EXAMINER: CERTIFICATI DIRECTOR: WITH THE S	-	death resulted from: Natural causes	Accident , Suicide , Hamicide . Undetermined manner .	
AL EXAMINER: 1 HE CERTIFICATE, OUGUED BE FORV AL DIRECTOR: P. H. WITH THE SI		ACTUAL SIGNATURE Millian	M.D. Deputy MEDICAL EXAMINER SIGNED	5/34/87
TO MEDICAL EXECUTE THE CE PAGE 4 SHOULD TO FUNERAL DI AFTER DEATH, NO BALLIMORE, MA		EXAMINER'S NAME William	P. Jones, M.D. ADDRE 695 America Crt. Davidsonvil	le Md 21035
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o B	JRIAL, CREMATION, REMOVAL 236 DATE	231, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	
07/84 BP	(5	BURIAL 5-2	16-87 PARKWOOD GIEMETERY BALTUMORE	MOSTATE
25M DHMH - 17	24. FI	NAME ROBERT	S. BARRANCO	HATKER
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JOF VIT	10/25/51	21 IF. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	IT 1 OR PART 2)
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ATTENDS spring or CTOR A I for one of Health	1	220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (well (did) (did n	April	24 19	82.0	nd that in (my) (our) opinion	death occurred on the c	lote and hour o	ond from the couses stated
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O HOSPIT Torred by O FUNES To FUNES		Arin W. B	ORPRINI) ENKMO	n mo		South B.	alxinure G	eneral	Hosp. 461
新世 · 中 · 中 · 本 · 本 · 本 · · · · · · · · · ·		URIAL, CREMATION, REMOVA	236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY STATE
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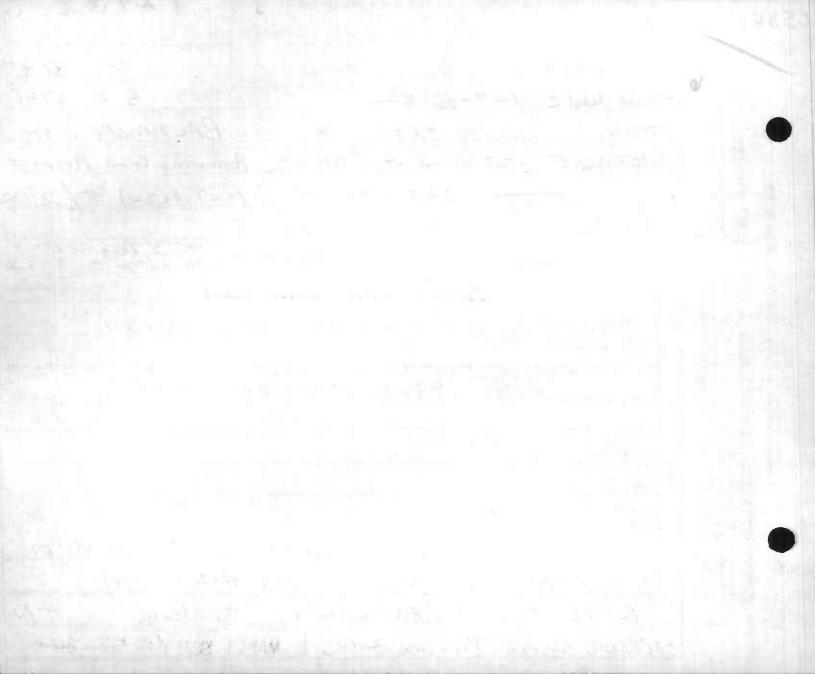
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STATE OF MARYLAND

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		STATE OF MARYLAND 8 / 2182
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Marine	1	JENNIF B HOOD DEATH MATED 5-4 1987 4 PM
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12 E E E	-	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
37070		TRECK WILL CO. 1 (15) Parties
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DIVIS HIS CER WRITIN WRITIN WATE DE A GE 3 S A TE DEP	1 1	216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 217 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY STATE
DIV E: THIS CI FE, WRITI RWARDE : PAGE 3 STATE D		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
R: T VIE, PR: P. C. 2 D, 2	30	20. I certify that I took charge of the remainder ribed above, held an Autopsy . Inspection . Inquiry . and in my apinion
EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: , WINT THE MARYLAND,		death resulted fram. Natural causes
AMI REC VITH VRYU		TITLE (SPECIFY)
## A P P P P P P P P P P P P P P P P P P		ACTUAL DATE 5/0/97
ZHY WE WANTED		SIGNATUREM.DMEDICAL EXAMINER SIGNED
A S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME HARLES A SEAGEN ADDRESS 780 RITCHIE HOT
TO MEDICAL EXAMI EXECUTE THE CRITIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	73a B	
	134.0	ECIFY) COUNTY STATE A
07/84 BP	24 5	NERAL DIRECTOR 250. BATE REC'D. BY REGISTRAR'S SIGNATURE
DHMH - 17	0	ERANO Severna Park, mo 21146 MAY 11 1987 Julia Divider Randales
(VR A15 ME (5))	0	ERANO Severna Park, mo 21146 MAY 11 1987 Julia Siridar Randale



FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR IE UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) SELINDER 24 HRS 69 YRS BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel Co. 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIEE)

1 Sales INDUSTRY Retail 13e STREET ADDRESS / ZIP CODE 784 Powhatan Bch. Rd. MIDDLE LAST Brown ADDRESS Mr. Willard T. Hudson Jr. (same as above 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NOF YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

> CITY OR TOWN COUNTY STATE

PHYSICIAN FI DIRECTOR PHYSICIAN

23d LOCATION CITY OR FOWN COUNTY

Glen Burnio

22c DATE SIGNED

STATE

SEVERWA PARK, MID. ...

ROBERT STEARRANCO

Glen Haven Cemetery | Glen Burn

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

SENTING FARE, WILL ZUEEN

055660 JUN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	5 8	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o .			
1		EASED NAME FIRST	WIDDIE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
1	(TYPE	ON PRINT)	Esther	He	184		05 2	2487		M
	3 SEX	170	1 RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	
ı		[emale]	Caucasion	MONTH	20 54	33	YRS MO	INTHS DAYS	HOURS	MIN.
ŝ	7a. BIF	,	Th. CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O		FDEATH		
١		arvland	USA	MARRIE		A	A			440
			11. NAME OF HOSPITAL, NU	RSING HOME C		12a USUAL OCCUPATE	ON	126 KIND C	F BUSINES	MD.
	GI	en Burnie	North Arunde	l Gen.	Hosp.	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY		
	13a. S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE B TY 13c. CITY OR T Clen		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE Freet	oun	Ra	
ķ	14 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		145	1	
þ		Unknown			Mary			Wedd	el	
		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS			
	{Y	es, no or unknown) (18 yes, give	220-74	-4567	Rosewood S	tate Hosp.	Record	S		
		18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b	1, ond (/ 1		1		BETWEEN	MATE INTERV	AL DEATH
		PART I. DEATH WAS CAUSED IMMEDIATI								
	74	WHITE PAIN	DUE TO, OR AS A CANSE	OLIENCE OF	1	1				
		Conditions, if any, which	((b) 108-	soil	a luberc	worses				
Ą		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	SOLIENCE OF	111		2.7			
		underlying couse lost	(6)	Topas	re mei	mona				
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	0	
	NO O									
Ī	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a, AUTOPSY?	206 IF YES,	WERE FINDI	VGS USED	
	TIFIC					YES NO	YES	ING CAUSES	NO [1?
7	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	D VE.D.	21c. HOW INJURY OCCUR	RED (EMIER ATURE OF INJU	RY IN ITEM 18 PAR	et i OR PART 2)		
		OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR						
	MEDICAL	21d INJURY OCCURRED	21s PLACE OF INJURY		211 LOCATION	CITY OR TO	Sarbi	COUNTY		ATE
	8	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY OF	FICE, FARM, ETC.)	PIMEEL	CHI ON IO	WIX	CODIVIT	31	N.I.
		22a I certify that (1) (this haspit	ol) attended the deceased from	om		, to	. 19	,	that (I) (w	e) lost
	12	saw the deceased alive an above, (1) (we) (did) (did not	you the hady after death	9	nd that in (my) (aur) opinion	death occurred on the de	ate and hour o	and from the	couses sto	ted
		226. SIGNATURE	1		DEGREE			22c DATE	SIGNED	
		D. Sha	box my	2	ATTENDING PHYSICIAN I	MEDICAL STAL		51	301	87
		224 PHYSICIAN'S NAME (TYPE OF			22e ADDRESS			1	1	-
		SHA	BAZZ V	MD.	1606 Hamm	ronds Lone	Bo	3et.V	nd.5	1225
		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	SI	ATF
		Burial	6-2-87	Holly H	ill Cemetery	В	altimon	re	Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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injury, or other troumotic

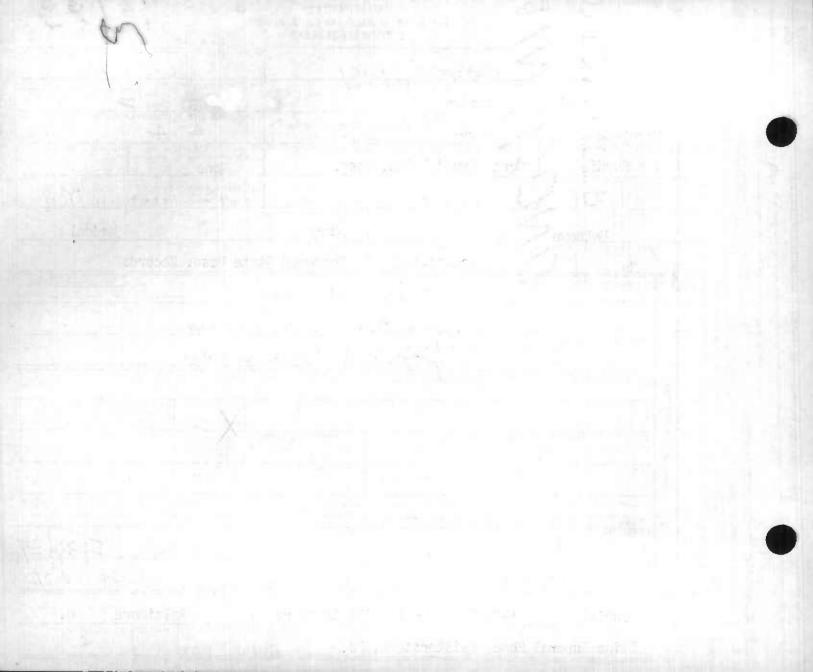
and Mental Hygiene prior to bu

MPORTANT: If Item 21 is marked or Item 18 shows or

TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M

24 FUNERAL DIRECTOR
ÉTine Funeral Home Reisterstown, Md.

250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	FOR STATE, REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	REG. N	Ю.	4	
	CEASED NAME FIRST		AIDDLE	Li	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
()1492	MARY	ELI	LABETH		JACKSON	M	1AY 16	, 1987	M
1.50)		4 RACE	=	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	WH	ITE	JUL		60	YRS		HOURS MIN,
daute	RTHFLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY		FDEATH	
B	Maryland	U.S.	A.	WIDOWE		ANNE A.	RUND	EL	CO. MD.
10 CI	TY OR TOWN OF DEATH		H FACILITY, GIVE STREET AD	DRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOSE HOUSEWI	ON DEWORKING LIFE)	126 KINDO INDUSTRY	F BUSINESS OR
1	3ROOKLYN	HOME :		ROOK	WOOD RD.	nousewi	те		
TJo_S	AL RESIDENCE (IF NURSING HOME O TATE Aryland 136 COU	NIA	Baltimo	1	13d INSIDE CITY LIMITS?	35105 BF8	62kw86	d Rd.	21225
14 FA	THER'S NAME	MIDDLE	1457		15. MOTHER'S MAIDEN NA	ME			
Ma	ax Milto	on	Geisler		Catherine	- MIDDLE		Je	nkins
16a V	AS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	ADDR			
1	NO OR UNKNOWN) (IF YES, GI	AE MAN ON DATES!	219 22 8	3263	Zane L. Ja	ckson (s	ame a	s 13e)
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (0)	line for 101, (b, and)	A				BFTWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, O			1. 14				
	Conditions, if ony, which	((b)_/	ACUTE 1	REN.	191 INSUFFE	CIENCY			
	gove rise to immediate couse. (a), stating the								
-	underlying couse lost	(c)	EVERE	DI	7 GETER M	ELLITUS			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	
CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH O	PERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY!	WERE FINDIN	OF DEATH?	
E	710 ACCIDENT WAS UNDERLYING	716 TIME O	E INTHEBY		121. HOW INJURY OCCUPY	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	KEU (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE			19	AN LOCATION				
MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE	DE INJURY LEET, FACTORY, OFFICE, FAR	M, ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	220 I certify that (1) (the hosp	Hall-attended th	e deceased from	lan	1975 10 75	10 MAIL	16. 10	87	that (I) (we) lost
	sow the deceased alive or	MAY	4 19 8	17 . on	d that in (my) (ave) opinion	deoth occurred on the d	ote and hour		
	obove, (I) (we) (did) (did no 22b. SIØNATURE	ot) view the body	ofter death.		DEGREE			22s DATE	SIGNED
	Mario	Le Chen	aMO.		ATTENDING PHYSICIAN (DIRECTOR PHYSIC		5/1	P/F7
		OR PRINT)			220 ADDRESS	DIRECTOR PHISK	-IAIN	10/10	191
	MARIO J. 1	REDA	M.O.		4211 4	些 ST. B	ALTO1	MO a	21225
	URIAL, CREMATION, REMOVAL SPECIFY) Burial				ross Cemete	ry Brook	lyn	AUNTA.	MD ^{state}
24 FL	INERAL DIRECTOR			212	25 250. DAT	E REC'D. BY REGISTRAR	25b REGISTRA	AR'S SIGNAT	URE
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-					ivin	11 1	0		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN L DEGEASED NAME FIRST 26 HOUR MONTH DAY (TYPE OR PRINT) OF ESTI-Melvin Jackson DEATH MATED 5 13 1987 LEE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 5:46P DATE MONTH DAY LAST BIRTHDAY PRONOUNCED DEAD 1987 BLACK 26/49 37 YRS 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY) Anne Arundel County WIDOWED DIVORCED PORTSMOUTH. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Fort Meade Kimborough Army Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21217 13e. STATE LIST COUNTY 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET ADDRESS MD NO [**BALTO** CHLLOUGH 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST JAMES JACKSON GOODMAN . WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 211-50-0881 SHIRLEY JACKSON 1214 MC N/A CULLOUGH -NO18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which SED AS A BURIAL - TRAFFE HEALTH AND MENTALAL, CREMATION, OR THE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE OF HE DEPARTMENT OF HE YES to NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 220. I certify that I took harge of the remains described obe Autopsy e, held an Inspection Inquiry and in my apinian death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL MDAssistant 5-14-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Baltimore, MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 5/19/87 07/B4 BP EASTVIEW CEM 25M 24 FUNERAL DIRECTOR **DHMH - 17** Mia Devider Pandall 4600 LIBERTY WEIGHTS DYETT (VR A15 ME (5))

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(VRA 15, 4)

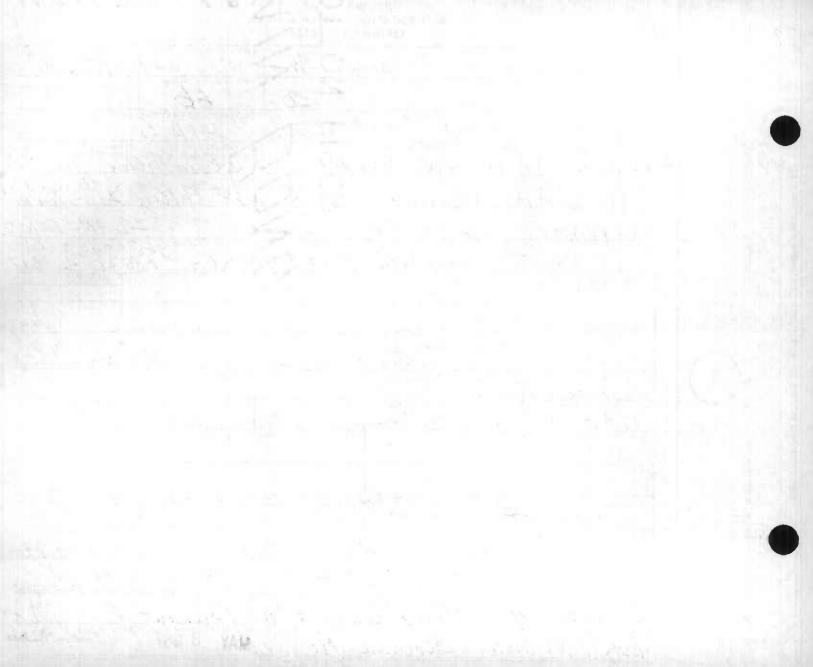
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DR. JOSE M. PRESELTEND GJEV BURNIE, MARYLAND 21051

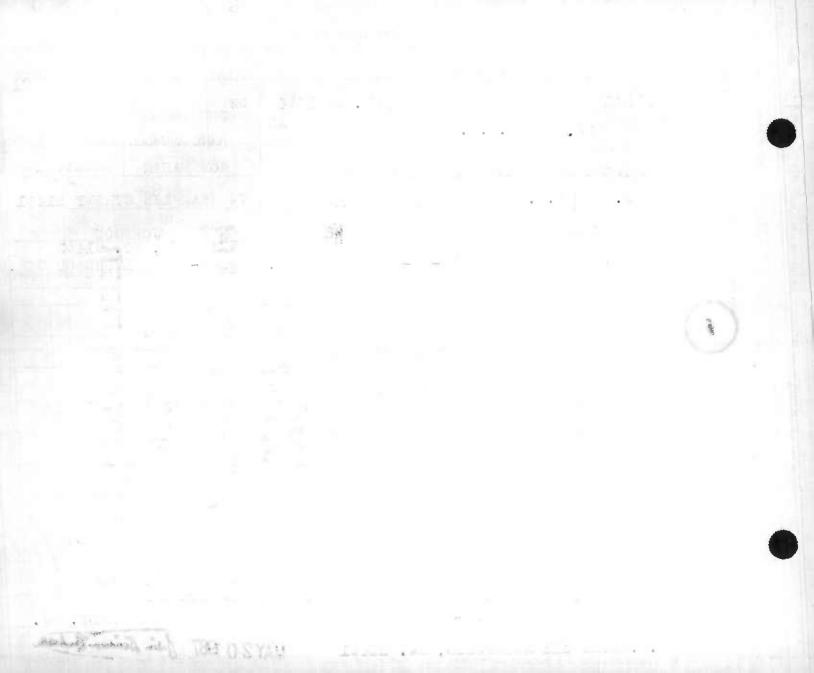
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	Ι.	FOR	DEPARTA	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND	HYGIENE	, , . ,
52942 MMY	19	7 STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	State 1
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be oge 3		ALEXI	ANDER	JASKO -/V.	04	127/87 6:40 M
a post	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
rs of	L	MACE	CAMORSION	09 24 20		RS.
4 00 Y		RTHPLACE (STATE OFFOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
\$ 1 th (b)	1	1/ 0	VOH	WIDOWED DIVORCED	D 1+-1+ (MD.
WA III	11	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR
2	1	AL DESIDENCE LE NUIBSING HOME O	H - 1 GUN -	HOSP.	Relied V.	the n. J. Poly
ND 24 h	130	STATE 136 COM	A 13c City OR TOW	13d. INSIDE CITY LIMITS	13. STREET ADDRESS / ZIP &	CODE X Cerrical
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sT., BALT rificate b physicia onpopers. event, the		18 CAUSE OF DEATH (Enter o	nly ane couse per line for (a), (b), and	(01.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0) Carde	a arrest		
ON ading carbinotic			DUE TO, OR AS A CONSEQUE	NCE OF	7 0 1	0 111
PREST te dea mave motion		Canditions, if any, which gave rise to immediate	(16) Rulinan.	eny unal	, how far	luce 90mg
V. Pr		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NO OF	4	110 141
though the			10 parcus	le mons 1/1	o CA, peroquele	luxer Trans
DS, 2	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
OR S	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED.	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
L REC	· [원	17 An 87	- Pad a -	A. 1 d.	II WINCE	ERTIFYING CAUSES OF DEATH?
Z + 5 2 2 5 5 5 -	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN STEA	YES NO
OF VII		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	COUNTRY THE WATOR OF HATOR IN HE	TIG TART FOR TARTES
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NG PHYS	A	WHILE NOT WHILE	LAT HOME STREET, FACTORY, OFFICE, F.	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
		- Filler	ital) attended the deceased from_	10 5	17 10 27 4mn	
TTEND pital or TOR: A far use of Heol		saw the decimand alive as	234 10- 19	57 and that in (my) (our) apin	nan death accurred on the date and	
REC Per tem		22b SIGNATURE	at) view the body after death.	DEGREE		22c. DATE SIGNED
the Die Fire Fire Fire Fire Fire Fire Fire Fi	18	will.	Me	ATTENDIN PHYSICIAL	MEDICAL STAFF DIRECTOR PHYSICIAN	27 An TI
HOSPITAL med by 11 FUNERAL old be det the Store	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		1-
		ROBERT.	C. MOOR	E 10 1017 (30	Holiday Ct. Suite	106 Annapolis
0 % 0 % W	23a.	BURTAL DEMATION, PEMONAL		AME OF CEMETERY OR CREMATO	RY 23d LOCATION	
BP		Lunal	9/30/8/184	V Leunaut C	El, Terusere	f F nt
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTO	AMPRES	1)/ 100	DATE REC'D. BY REGISTRAR 250 RE	GISTRAR'S SIGNATURE
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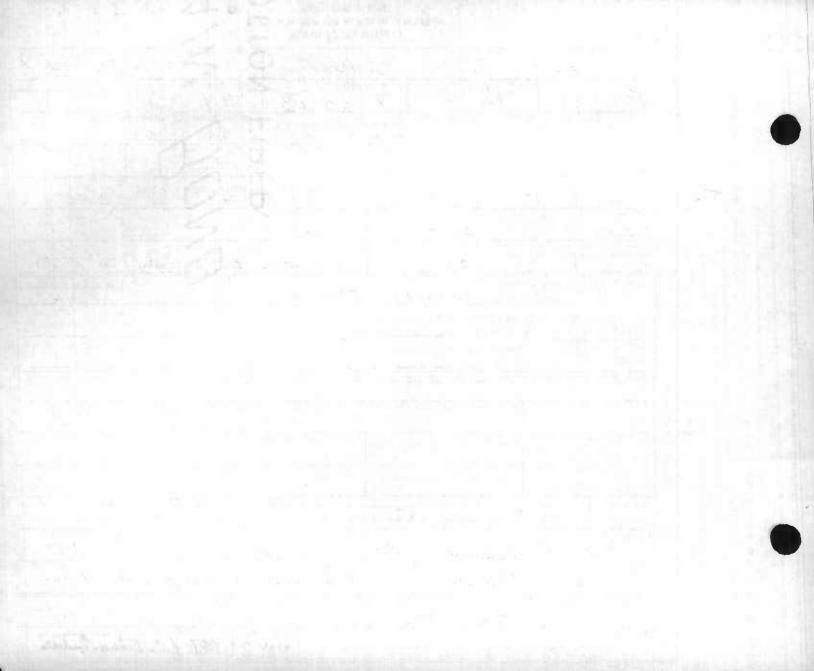


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m 5		CEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEAT	H MONTH D	AY YEAR	26 HOUR
poge 3		CHARI		NDRIWS	JOHNSON		6. AGE TIN YEARS LAS	16	1087 IF UNDER 1 YEAR	240 AM
4 mo	3. SI		4. RACE		5. DATE OF BIRTH	DAY YEAR	6. AGE TIN YEARS LAS			HOURS MIN.
oge ours o		FEMALE	BLAC		NOV.	22 1894	92	YRS		
deoth Po		IRTHPLACE (STATE OR FO	. U.S	OF WHAT COUNTRY?	WIDOWED	DIVORCED [ANNE	ARHMOFI	COUNTY	MD.
s ofter dee	. / /	GI FN RIIRNI	/ IF NOT	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MC		126. KIND OF INDUSTRY	BUSINESS OR
212 d in b	USU 130	GLEN BURNT	IG HOME OR OTHER INSTITU	ITION GIVE RESIDENCE BEFORE	E ADMISSION)	SIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE		
AND 2		Md.	A.A.	ANNAPO:	LIS YES	O NO 🗌	13e STREET ADDRE	NKLIN S	STREET	21401
MARYL ed within	/ 14 F	ATHER'S NAME FIRST UNKNO	MIDDLE	LAST	15 MC	THER'S MAIDEN N.	NMN	JON	NSON LAST	
BALTIMORE, ote be execut spers. Poges I vol. 1, the medical		WAS DECEASED EVER I	U.S ARMED FORCE		IRITY NO. 17 IN	ORMANT	ANNAPO	Pris, MI	0.214	03
Po or		NO			-0618 T	IOMAS R.	DAWSON-	20 SI		OD CIR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert and physician. The low requires that the death cert of the buriol-transit permit. Then please impressed in the and Mental Hygiene prior to buriol, committee, and orked andem Psylows, equipury, or other transmitter.	AL CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 190 OF OPERA 210. ACCIDENT WAS UNDO OR CONTRIBUTING C	which ediote The DUE TO	O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, OR AS A CONSEQUE OS CONTRIBUTING TO ONDITION FOR WHICH ME OF INJURY R A.M. MONTH D	OPERATION WAS	PERFORMED	MINAL DISE ASE OR C 100 AUTOPSY? ES NO LENIER NATURE OF	20b IF YES, IN CERTIFY YES	, WERE FINDING	GS USED DE DEATH? NO []
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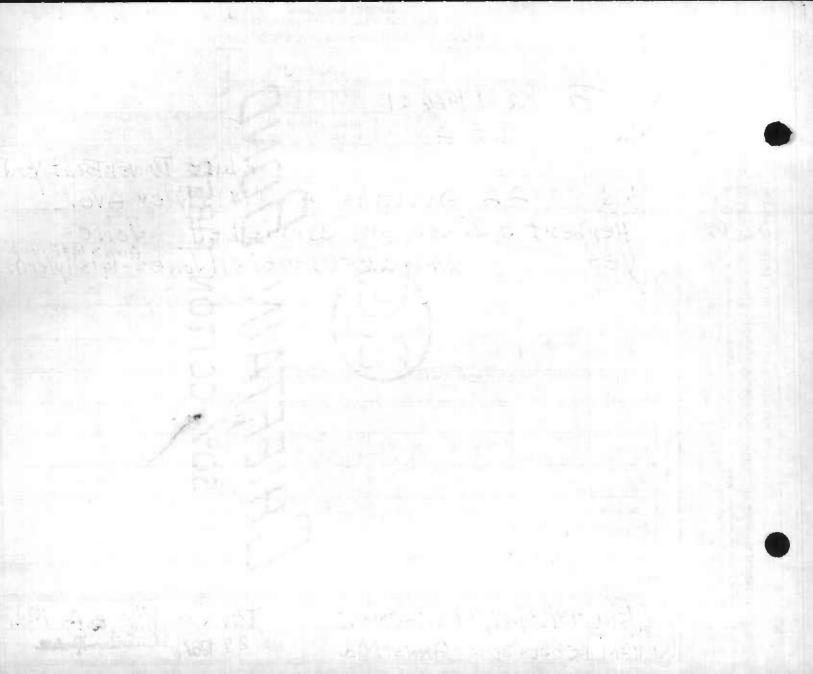


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	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	SIENE 8 /	2/42
1200 1117 00	- STATE		CERTIFICATE OF DEATH	REG. NO.	
noy be poge 3	1. DECEASED NAME FIRST	A A.	JOHNSON	20. DATE OF DEATH MONTH DATE	SG 305 A
ge 4 may ector. poc	3. SEX	White	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER YEAR IF UNDER 24 HRS
nerol direction of the state of	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY?	*MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O Anne Arundel	F DEATH MD
by the full of the form of the	Annapolis	Anne Arundel Ge	neral Hosp.	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
filles in naulg be	USUAL RESIDENCE (IF NURSING HOM 130 STATE 13b. CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 131. CITY OR TOW AA Tracy's	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 5936 SOLOMONS IS	s. Rd/20779
E, MARYL compresely compresely colessemine	14 FATHER'S NAME FIRST Mordecai	Armiger	15. MOTHER'S MAIDEN NA FIRST ROSIE	Melch	l LAST
IMOR n and Pages	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SECU- GIVE WAR OR DATES) 214-74-		r(Tracy's Landing,	
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbona urial, cremotion, ar remo r, an other traumatic ever	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	only one couse per line for (a), (b), on USED BY: UNATE CAUSE (a) DUE TO, OR AS A CONSEOUR (b) DUE TO, OR AS A CONSEOUR (c)	ENCE OF	MINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, NG Physician. The loss requir otherding physician of the bond transit permit. Then thood Mendal Hegiese prior to be ented at familifiations any injury orked at familifiations up injury	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
NO OF VIT.	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
DIVISIO PNG PH checking on the t	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ATTEND espetal o ECTOR J ed for als or of Hea	sow the deceased alive	on 19 19 1 not) view the body ofter death.	7 , and that in (my) (our) opinion DEGREE	deoth occurred on the date and hour o	that (I) (we) lost and from the couses stated
PHTAL OF The 1 by the 1 by the 1 by the details be detail by AANT II to 1	22d PHYSICIAN'S NAME (IV	h Julium	MT ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5-18-87
TO FUNE Photology TO FUNE Photology The St	JOHN D	. JACKSUN	1833 PORES	T DR, Annupolis,	ud 21401
BP	230 BURIAL CREMATION, REMOVE (SPECIFY) Burial		. James Episcopal	Lothian AA	COUNTY STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME RAUSCH F	H OWINGS, MD 20	736 MA	Y 2 1 1987 Julia Da	nder-Rendals



			FOR		'E OF MARYLAND IEALTH AND MENTAL HYGI	g / 12	143
OF	1.7000		STATE		ER'S CERTIFICATE OF D	EATH	+ 4
00	41-6-0-6-1	100	REGISTRAR CEASED NAME FIRST	MIDDLE	IN 3 CERTIFICATE OF DI	REG. NO.	DAY YEAR 126 HOUR
			E OR PRINT)		TONTESC AND	OF ESTI-	
	PLEASE CTOR. FILES. TREET,	2.05	HERBERT	S.	JONES, SR.		23 19 87 M
	RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS DN STREET,	3. SE	A RACE S. DA	TE OF BIRTH TH DAY VEAR LAST BIRTHDAY	RS IF UNDER 1 YR. IF UNDER 24 HR Y) MONTHS DAYS HOURS MIN.	PRONOUNCED	7.50
	ARY, P DIRECTOR	1	11 11 0	1964 2 YR	δ.		
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	N S S S S S S S S S S S S S S S S S S S		14 00	L. D. H	WIDOWED DIVORCED	□ Anne Arundel Co	A 141D.
	で単四日本		TY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME, NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION 120.	USUAL OCCUPATION (TYPE OF WORK 12)	OR INDUSTRY
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	S AND SON		AL RESIDENCE HE IN NURSING HOME OR OTHER TATE 4 1 13b. COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	NIA 1136 INSIDE CITY EIMITS? 136	SURFET ADDRESS	2 K/2-
	11年2月11日		Na. t	A ANNATE	15 YES TO NO 1	413 Wer A1	1e,703
	A TANKS	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME MIDDLE 7	LAST
	# 38		Herbert	J. JONES. S)	: Carrie	hell dan	les
	ON STATE	160.	VAS DECEASED EVER IN U.S. ARMED FO	DRCES? 166. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS ANN	o. Md21403
	A F F F F F F F F F F F F F F F F F F F	1	ES, NO, OR UNKNOWN (IF YES, GIVE WAR OR)	219-24-27	11.5 Carriel	ell JANES-14	13 Werau
	JRS AF S. GIVI WITH F. PAG DIVISI		18 PAUSE OF DEATH (Enter only one	couse per line far (a), (b), and (c)	00 10 011 1 - 37	THE THE	APPROFIMATE INTERVAL
	TY OF OF W		PART I DEATH WAS CAUSED BY:	Gunshot wounds	s of chest and ab	domen (handoun)	BETWEEN ONSET AND DEATH
	TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		IMMEDIATE CAU	DUE TO, OR AS A CONSEQUENCE O			
	W. PRESTON WITHIN 24 H WITHIN 24 H WINER ALON TRANSIT PER SITIAL HYGIEN OR REMOVAL		Conditions, if any, which				
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	UTED IN PI EXA EXAL- ON, O		lying cause lost.	, .	100000000000000000000000000000000000000		
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	MEAL CR	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
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*	> SOUND T	E	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121/ HOW INTURY OCCUPRED (EN	ITER NATURE OF INJURY IN ITEM 18 PART I OR PART	YES NO
	SION OF RTIFICATE WG THE WOOD TO THE SHOULD BE SHOULD BE SHOULD BE SHOWN TO SHOW THE SHOW TO SHOW THE SHO		UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH				4)
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	OF PERSON	MEG	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN COUN	
	MEIN WEIN WARE VAGE		AT WORK AT WORK	?		St., Annapolis, Ar	ne Arundel,
	INER: ICATE TOR: THE S AND,		22e. I certify that I taak charge of the	e remains described obove, held an	Autapsy X, Inspection	Inquiry , and in my apin	ion MD
	≥ = B D = 5		death resulted from: Natural coun	Accident , Suic	cide , Hamicide X, Un	determined manner .	
	EXAM CERTI ULD B ULD B I, WITI MARY		1 1		TITLE (SPECIEV)		
	AHPEN -		ACTUAL SIGNATURE		M.D. Deputy Chie	TEDICAL EXAMINER SIGNED.	5-24-87
	TE THE 4 SHOUL NERAL DEATH, AORE, A		EYAMINED'S NAME				
	₹ 3% £ %		EXAMINER'S NAME (Ann M.	Dixon, M.D.	ADDRESS_111 Penn	St., Balto., MD	21201
	PAG TO	23e.B	URIAL CREMATION, REMOVAL 236 DA	TE AM 231 NAME OF CEM	ETERY OR CREMATORY 23d	LOCATION STY OR LOWN	A SUNTE /
07	/84 BP		1211/10/10/1	27/8/ LIAKEM	ONT	avidSON VILLE &	to the Man
25	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS	250. DATE REC'D	BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
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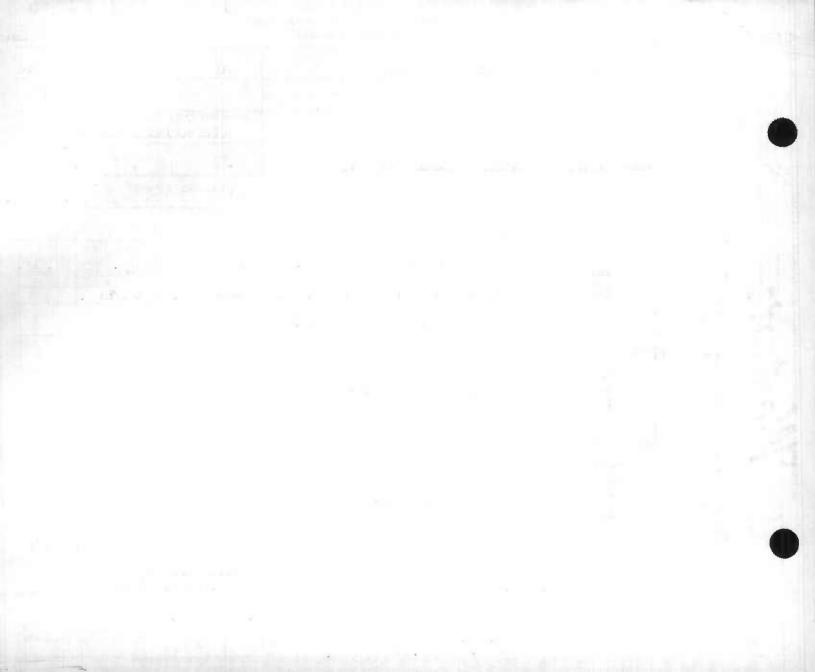
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	ge 4 may be ector, page 3 rs ofter death		3. SEX	male	1	RACE White	2.		OF BIRTH 10, DAY 89		AGE (IN YEARS LAST BIRT	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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102	by the fu	المراد	Cr	ofton		Cro fi	ton Con	vales c	or other instit	ution	Face tory			ints
AND 213	n 24 hour filled in rould be	2	130 S	aryland	HOME OR OT	THER INSTITUTION	BOWLE	TOWN	YES L		13. FP. 402 DOSESSA1	billis	Lane &	20715
MARYL	1 19/0	61	14 FA	THER'S NAME Laibish	MI	DDLE	Kad	duk	15. MOTHER'S A	udes	E MIDDLE		(Unknow	h)
IMORE,	10	P	TO	AS DECEASED EVER IN ES HO ORUNKNOWN) (1)		ED FORCES? WAR OR DATES)		SECURITY NO 09-4607	Sheila	Bodne	r 12402 St Bowie.	sabw Maruk	Land 207	15
r., BALT	physicia physicia moved	vent		18 CAUSE OF DEATH (I PART I. DEATH WAS	CAUSED	ane cause per BY. CAUSE (o)		bi, and ici.i	Arres	+			APPROX BETWEEN	MATE INTERVAL ONSET AND GEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ot the death cer yy the attending se remove corba	other troumotic e		Conditions, it any, w gove rise to immed cause (a1, stating	hich			SEQUENCE OF	the He		archa			
RDS, 201	equires the signed to Then pleo to buriol.	njury, or	NO	PART 2 OTHER SIGNIF	CANTCO	INDITIONS C	Par		T NOT RELATED TO		NAL DISEASE OR CON	DITION G	IVEN IN PART 10	0
AL RECOI	he low recons. hos been the permit.	Louis	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR W	HICH OPERAT	ON WAS PERFORA	MED	200 AUTOPSY?	IN CERT	ES, WERE FIND IT FIFYING CAUSES YES [
I OF VIT	SICIAN: I ng physic certificate urial-trans	lem IB of		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	'	DE INJURY .M. MONTH .M.	H DAY YEA	R	JRY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM II	B PART TORPART?)	
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	SPITAL OR ATT d by the hospit NERAL DIRECTO be detoched to e State Dept. of	T: If hen		22h SIGNATURE	NIC	1a	Lord	es	PH	TENDING TYSICIAN	DIRECTOR PHYSIC		22c DATE	SIGNED 487
	O HOSPITAL etained by th TO FUNERAL should be deto	MPORTANI		22d Physician's Nami	(TYPE OR P	PINT) P	nod.	es n	22e ADDRESS 9 166	7 Cm	tta Cent	le	Cryt	
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000	S NACESTANT, PLASS FUNERAL DIRECTOR E 5 FOR YOUR FILES. E) WITHIN 72 HOURS I W RESION STREET,	7a. BII	RTHPLACE (ST	A1E OR		7b. C1	TIZEN O	F WHA	AT COUN	ITRY?	8. MAR	RIED 🗌	NEVER MA	ARRIED X	9. BALTI	MORE CIT	TY OR COU	NTY OF	DEATH	
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BALTIMORE, MD. 2130	SE S		AS DECEASEL S, NO, OR UNKNO		IN U.S. AR.				1,550	CIAL SECUR	ITY NO.	17 INF	ORMANT			ADDR	RESS		LOTH	IAN
BALT	WITH FOR WIT	N							NON			DON	IALD K	AHN 2	250 LY	ONS	CREEK		1717	AND REAL PROPERTY.
	TEM 18. ONG W. PERMIT. SIENE, D.				H (Enter an AS CAUSE	D BY:					t- F	\ 	C						APPROXIMATE TWEEN ONSE	
NOT	A 24 HO N ITEM I ALONG IT PERM YGIENE OVAL		SEA		IMMEDIA	TE CAU				IN LINE		eath	Synd	rone		100				
PRESTON ST.,	ITHIN 24 P				ny, which		(b)_								6 -					
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5, 20	D: コミラご					((c)_													
DIVISION OF VITAL RECORDS, 201 W.	D BE EXECUTED ENDING" IN FEDICAL EXA AS A BURIAL SALTH AND MI CREMATION,	Z C	PART 2 DTNER SI	GNIFICANT	CONDITIONS	CDNTRIBI	UTING TO I	DEATH BU	IT NOT RELA	ITED TO THE TE	RMINAL DISE.	ASE OR COND	DITIDN GIVEN I	N PART 1 (a).						
L RE	POULD BE EX RPD "PENDIN CHIEF MEDIC USED AS A B OF HEALTH A	CERTIFICATION	190 DATE OF	OPERA	TION		19b. CC	ONDITIO	ON FOR	WHICH OP	ERATION	WAS PER	FORMED?	18/1				2D	AUTOPSY?	?
VITA	SHOULD ORD "PE CHIEF A BE USED A TOF HE SURIAL, C	TIF												200	0.0		170		YES 🔽	NO 🗆
40	CRITICAL SHOUD STRING THE WORD "PE ROED TO THE CHIEF W E 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, O	I CE	210 EXTERNA	, 🗆 o	OR		HOUR		MONTH	DAY YE		HOW INJ	IURY OCCU	IRRED (ENTE	ER NATURE OF	INJURY IN ITE	M 18 PART 1 OF	PART 2)		
SION	CERTIFIC TING THE SED TO SED TO SEPARI PRIOR	MEDICAL	CONTRIBUTION CONTR			DEATH		P.M. ACE OI	FINJURY	19 (AT HOME,	211 L	ÖCATION	7							
DIQ.	TO MEDICAL EXAMINE: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNKAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPARTIL BALLIMORE, MARYLAND, 21201 PRIOR	ME	WHILE AT WORK	NOT			STREE	ET, FACTO	RY, FARM, E	TC.}		STREET		list.	CITY OR	NWO	6.79	COUNTY	P	STATE
	ATE, ORW ORW FE: P.		22a. I certi		Not charge	je of the	e remair	ns descr	ibed bo	ove, held an	Auto	ipsy 🔽	, Inspe	ction .	Inquir	ту 🔲,	and in my	apinian		
	PE PE PE		death result	ed fram	Noty	ral caus	sei/R	1	Accident	□,	Suicide], н	amicide _	. Und	etermined	manner				
	WAN WED CER		ACTUAL		1	X	V	de	avi)	N			LE (SPECIFY SSISTA	1			DA	re 5	-6-87	
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	TER GENERAL		EXAMINER'S (TYPE OR PRI		Char	les	P.	Kok	es,	M.D.		ADDRE	ss 111	Penr	st.	, Bal	timor	e, M	D 212	01
	5XX 5A A		URIAL, CREMA PECIFY) URIAL	TION, RI						NAME OF C				23d.	LOCATION	1	C	OUNTY	\$1	TATE
07/84 25M	BP		URIAL JNERAL DIRECT	TOP		5/8,	/8/		MI	COMF	ORT C	EMET	_	TE REC'D.		RAR 25h. F	VIRO	SSIGN	TURP	
	DHMH - 17 (VR A15 ME (5))		EMAINE		ERAL	ном	ES -	INC	ALE	XANDP	TA 1	7.73	MA	Y 18	1987	Juli	SEGISTRAR	person y	and all	
	((o))									-4401/	-my	U		1						



5 1-2	6 4	LUV 2	1-	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND LEALTH AND MENTA ICATE OF DEATH	ł	REG. 1		2/	4	E
	m.e	11111		CEASED NAME FIRST	***	MIDDLE		AST	2	DATE OF DEATH	HINOM	DAY YEAR	26 HOU	
y be	poge 3			JOHN	JOSE	EPH	KENNY			MAY		1987	158	AM
E	0. 5		3. SE		4 RACE		5 DATE C			AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATE	IF UNDER	MIN.
900	0.00		2	Male	White		Mar	ch 30.19		74	YRS			
deoth. Po	9 9	35	1	PUNITY Land	USA		WIDOWE				RUNDEI	COUNTY		MD.
2 offer o	11	24		GLEN BURNIE	11. NAME OF NORTH	HOSPITAL, NURSII CHEACILITY, GIVE STREET ARUNDEL	HOSP I	TAL	N 13	TYPE OF WORK FOR MOST	OF WORKING L	126 KIND (INDUSTRY Beth	Ste.	
., BALTIMORE, MARYLAND 2120	Sed in	31	USU.	AL RESIDENCE (IF NURSH 1 1991)	OR OTHER INSTITUTION	13 ETT OF TON		134 INSIDE CITY LIM		STREET ADDRESS	/ ZIP COD	Md.2 ide Av	1230 e.Ba	lto
YLA	1	122	14. FA	THER'S NAME				15 MOTHER'S MAID	EN NAME					
MAR W	9.5	150	0	John	Henry	Kenny	r	Br	idge	t Cath	erin	е МсН	ale	
ORE, M.	100	8		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	JRITY NO.	17 INFORMANT		ADDI	RESS	2101	2	
W ×	0.0	12	1	(ES, NO ORTHURNOWN) (IF YES, C	GIVE WAR OR DATES)	215-07-	4195	John J.I	Kenn	y, 130 Br	ant :	Rd.Arn	old.	Md.
IDS, 201 W. PRESTON ST.	signed by the ottend Then please remave ca	ta burial, crematian, njury, ar ather traum	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CARCLY U	DUE TO, C	OR AS A CONSEQU	ENCE OF		IE TERMIN	AL DISEASE OR COI DISENSE,	NDITION G	VEN IN PART 1	fa .	
L RECOR	has beer permit.	ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONE			N WAS PERFORMED		200 AUTOPSY?	IN CERT	S, WERE FINDS	INGS USEE S OF DEAT	H?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires th	iding physicic ins certificate burial-transit	Mentol Hygir	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	DEATH HOUR A	OF INJURY A.M. MONTH E P.M.	AY YEAR	21f LOCATION	OCCURREE	ENIER NATURE OF IN				
IVISIO IG PH	offend ter this s the b	rked	ME	WHILE NOT WHILE AT WORK		TREET FACTORY, OFFICE	FARM, ETC)	STREET	0.0	CITY OR	OWN	COUNTY	5	TATE
HOSPITAL OR ATTEND	retained by the haspital or of TO FUNERAL DIRECTOR After should be detached for use or	with the State Dept. of Health		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did.) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE KAMAL BATCE	on nat) view the bad	19		DEGREE ATTEND PHYSIC 22e ADDRESS GLEN	DING JI		ENUE,	22c. DAT	SIGNED P	
2		3 🛂	23a I	BURIAL, CREMATION, REMOVA				EMETERY OR CREMA	TORY	23d LOCATION		COUNTY	5	STATE
	BP	-	24.5	Burial	2/20/					Balto	DISCL DECIG	TRADIC CACALA	TILIDA	-
DH	IMH - 16 6		Mo	UNERAL DIRECTOR	Balto.I	Md 21273	Fort	1220	MA	Y 2 1 1987	Juli	a Distider	n- Kand	alle



	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	S /	12747
55,1 0.9 Jun.		REGISTRAR CEASED NAME FIRST PYONG	CHIN	KIM		NIH DAY YEAR 26 HOUR
e 4 may l ctor, page s ofter dec	3 SE	23010	Oriental O	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	5 28 87 8 23 M AY) IF UNDER TYPE AR IF UNDER 24 MRS MONTHS DATS HOURS MIN.
Tool of the state	o Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Outh Korea	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	
177	1	TY OR TOWN OF DEATH GLEN BURNIE	(IF NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	12b. KIND OF BUSINESS OR
	13a 3 MZ		OTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) 13d INSIDE CITY LIMITS? RNIE YES NO X	13e STREET ADDRESS / Z 464 Glenma	
(a) 2	1	THER'S NAME FIRST UNKNOWN	MIDDLE LAST		UNKNOWN	LAST
	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (18 YES GIV	VE WAR OR DATES)	4929 Yong M. Kim	Burnie, Mai	ryland 21061 ork Court
NG Principles of the law requires that the death certificate after the certificate as the building physician as the building physician as the building physician as the building physician bring bean remove carbon appears the and Mental Regions prior to building physician physics and physics are physical physics.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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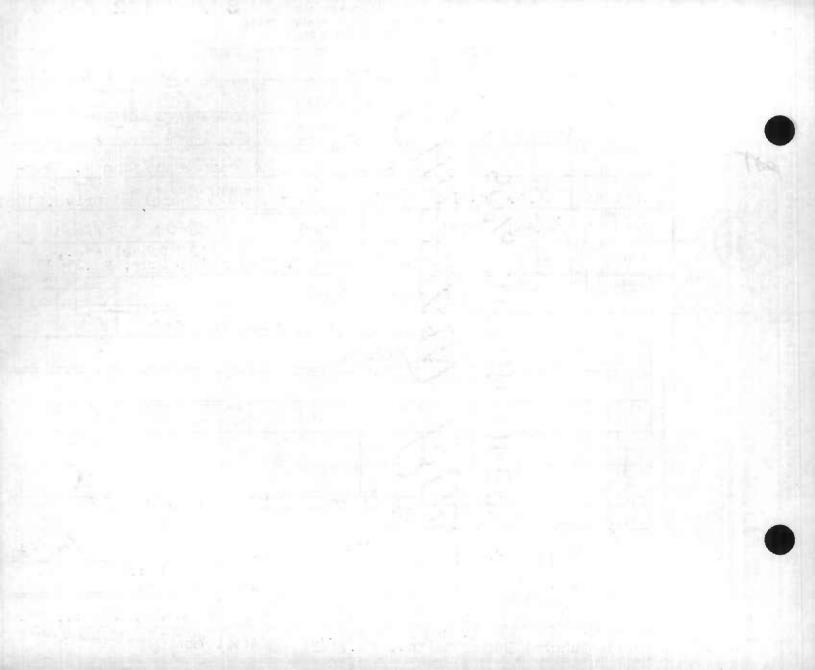
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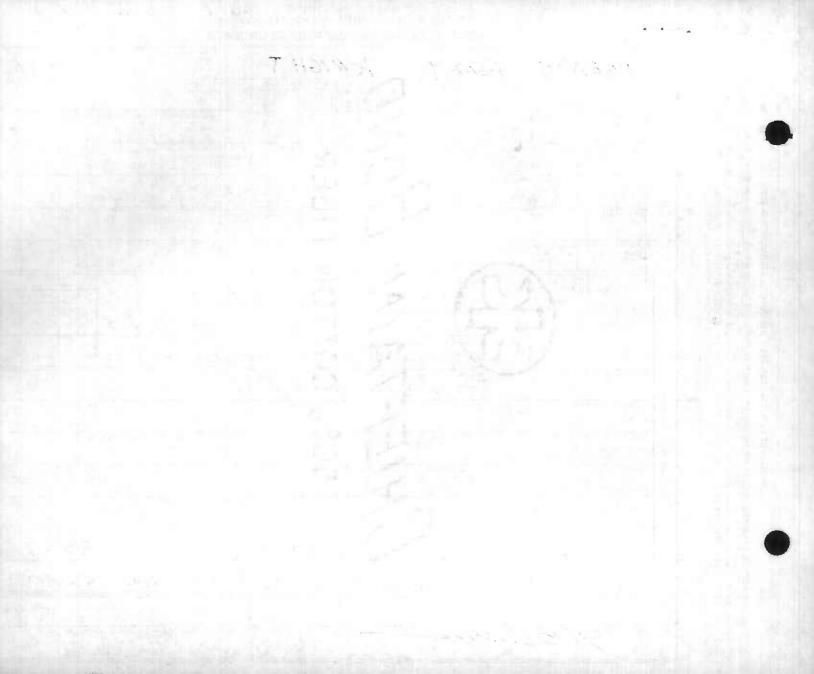
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54250 MY 2	1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	12/44
		CEASED NAME FIRST	Alexander	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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mov Po	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 urs oft		Male	White	5/29/1920 YEAR	66	TRO
nerol di	-1-70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH E.L. COUNTY MD.
the feet with th	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL		12a USUAL OCCUPATI	
ND 212 24 hour 324 hour Suld be if	- 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREET ADDRESS	shire
MARYLA molerely and sho	14 F	John Jose	eph Klein ^{ss}	15 MOTHER'S MAIDEN NA		
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ystical and completely filled in by ppers. Pages 1 and 2 should be file vol. it, the medical execution may be in		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? 166 SOCIAL SECUL	RITY NO. 17 INFORMANT	112 M lein Linth	Tchael Ave., icum, Md.21090
W. PRESTON ST., BA on the death certificate by the attending physics eremove carbon paper cremotion, or removal other troumatic event, to		PART I. DE ATH WAS CAUSE	IN one cause per line (o', o), (b), one D BY: TE CAUSE (o) DUE TO, OR AS ACONSEQUE (b) DUE TO, OR (S) ACONSEQUE	nce of four Deer	lutio bel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FA	21f LOCATION STREET	CITY OR TO	Ω ₀
ATTEND ospirol o respirol o ed for use ed for use pt of Heo		saw the deceased alive an	tal) attended the decoased from 19	, and that in (my) (our) opinion DEGREE	death occurred on the de	te and hour and from the causes stated
HOSPITAL OR had by the high by the high by the high by the high by the State Dept.		22d PHYSICIAN'S NAME drype of	use my	MO ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 5/18/87
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₽₩ ₽₩¥ ₹	23a.	BURIAL, CREMATION, REMOVAL ISPECIFY BURIAL		AME OF CEMETERY OR CREMATORY en Haven Mem Pl	Glen Bur	nie. AA Co. Md.
Dr	24. F	UNERAL DIRECTOR	7/20/01			
DHMH - 16 60M 7/B4		Coully Funera	ADDREAL -	SCO Ave. 1225 N	IAY 2 1 1987	256 REGISTRANT SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE KNOWN MONTH EST1 DEATH MATED 1987 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Aug 14, 1915 71 YRS 9. 1987 Male White 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY IISA WIDOWED DIVORCED Maryland Anne Arundel Co. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1120 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Glen Burnie 107 J Governors Court Heavey Equipment Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 107 J Governors Court 13b. COUNTY 13c CITY OR TOWN Marvland Anne Arundel Glen Burnie IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jackson Knight Mary Henry BALTIMORE 17 INFORMANT (Wife) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WWII 212.16.9506 Juanita D. Knight Yes Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PRESTON ST., ARRYTH MIA PART I DEATH WAS CAUSED BY: SGONDS IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF CORONARY INSUFFICIENCY Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W lying cause last GAO SCLGAOTIC CARDIOINSCULAR DISON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ED AS A E 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? ARDED TO THE CHANGE AGE 3 SHOULD BE US 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Natural couses Homicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE May 13, 1987 Meadowridge Mem. Park Burial Elkridge Howard Md. 07/84 25M 24 FUNERAL DIRECTORY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Singleton Funeral Home Glen Burnie, Maryland



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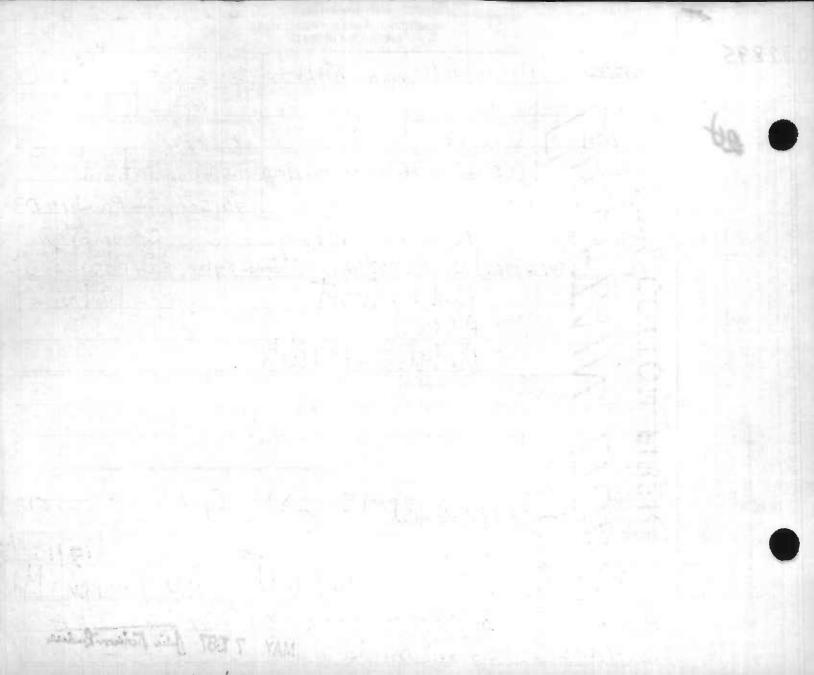
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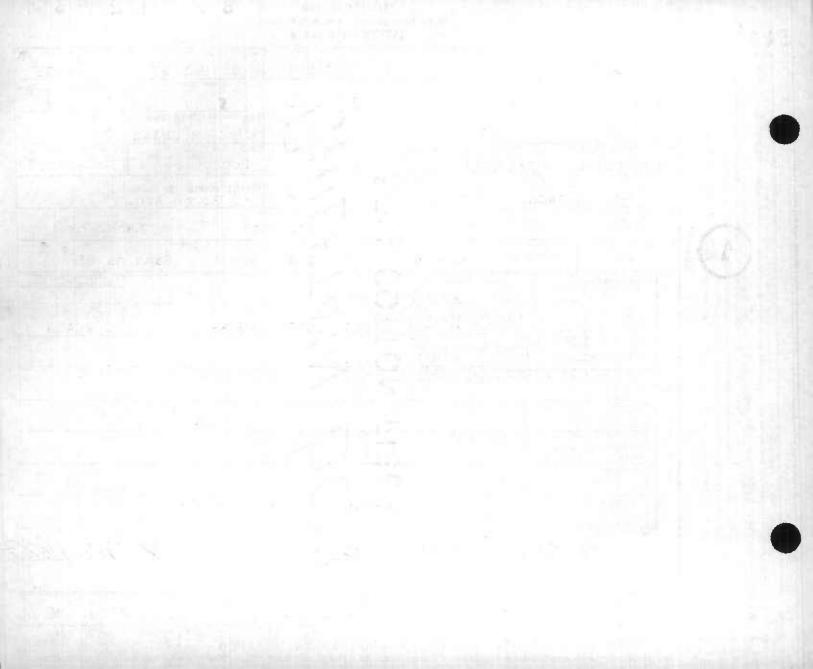
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



5.3821 (4)		FOR STATE REGISTRAR		DEPARTM	CERTIF	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. 1		2 /	5	EDT
oth oth		CEASED NAME FIRST VICTORIA		IDDLE		"LaBarbera RBERA)	20 DATE OF DEATH		1987	26 HOUR 425	AM
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AND 212	130 3	uisiana Jef		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Metairi	N	13d INSIDE CITY LIMITS? YES MO [zip code nny Pa	rk 99	0002	9
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IIMORE		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES. (ARMED FORCES? GIVE WAR OR DATES)	227-40-		Patricia	ADD Irvine 53	Da			225
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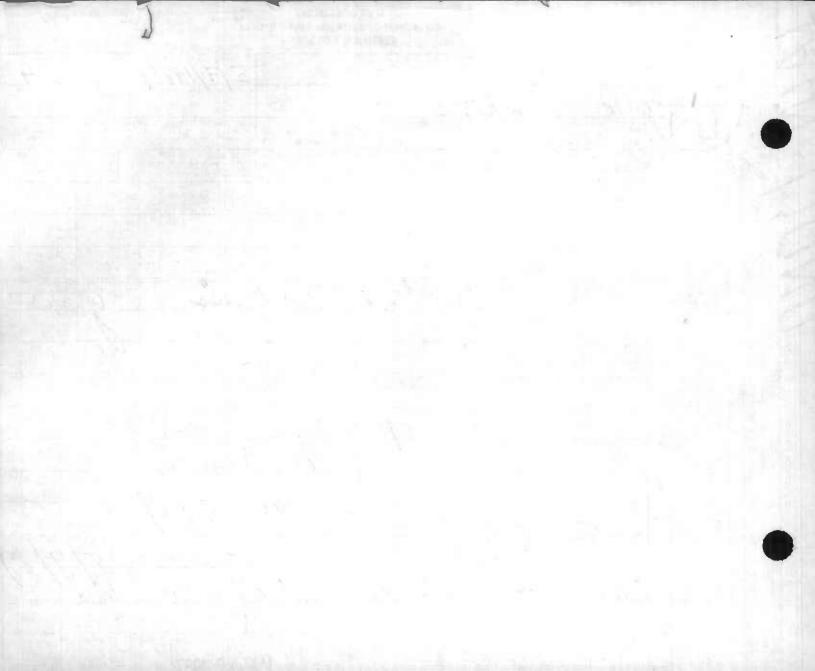
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STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) DEATH MATED LOWELL LEMAY 5. DATE OF BIRTH 4 RACE & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED Jan. 20, 131 Male White 5-15-87 6PM M 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH D. BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Anne Arundel County Tennessee DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Millersville Machinist MD. Cup Co. 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? 8341 Elm Rd. 21108 Anne Arundel Millersville NO V 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Buchanan LeMay Francis Maggie 17 INFORMANT 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Arnold, MD 21012 IYES, NO. OR UNKNOWN) 217-24-5004 Linda Strother, 128 Collington Court APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ARE: THIS CA.
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OR OR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? THE ADPSONLY 710 FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR self/inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Millersville, Maryland WHILE AT WORK 8341 Elm Road basement 220. I certify that Ltaak charge of the remains described above February ONILVIDOS Natural causes 5-16-87 Assistant 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION MDTE Burjal 19 May 87 Glen Burnie, Glen Haven Mem. Pk. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** James S. Kirkley, Glen Burnie MD (VR A15 ME (5))

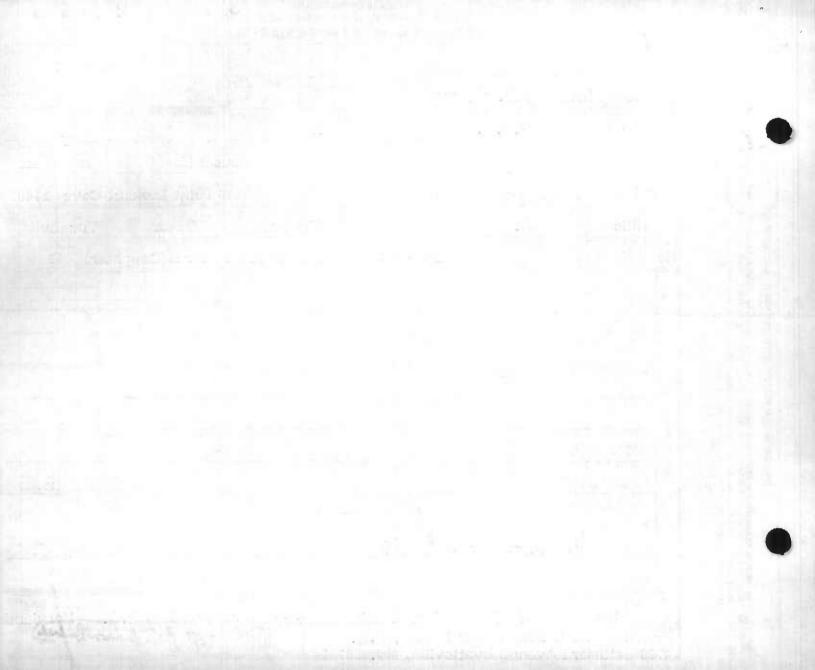
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ecus ecus medical	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW I	166 SOCIAL SECURITY		ADDRESS Murray1137 C	Harwood Md. Sumberstone Rd.
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DHMH - 16 50M 1/76 (VR A 15 (4))	14 FUNERAL DIRECTOR Hard	esty Funer	al Home An	napolis Md.	TE REC'D. BY REGISTRAR 25b. I	REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH -- REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTI OF ESTI-Mary Rhoda 5. DATE OF BIRTH 6. AGE (IN YEARS DATE 2d HOUR 11:05 PRONOUNCED White Female Feb. 16, 1897 90 187 DEAD PM BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY

Own Home Housewife Annapolis 2615 Point Lookout Cove Annapolis Maryland Anne Arundel 13d. INSIDE CITY LIMITS? 2615 Point Lookout Cove 21401 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Thomas Elizabeth Turnbull Thoma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS Same as No 213-38-2808 Elizabeth Anne Pearce(Daughter) #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Head and Chest Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YESX NO . 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH Subject fell down stairs P.M. 5-29 1987 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 AT WORK AT WORK 2615 Point Lookcut Cove, Anne Arundel Cc.MD home Autopsy X 220 I certify that I took charge of the remains described above, held on Accident X Notural causes PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL Assistant MEDICAL EXAMINER 5-30-87 Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Fort Lincoln Cemetery B Burial 06/02/87 Brentwood Maryland 07/84 25M LEUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND



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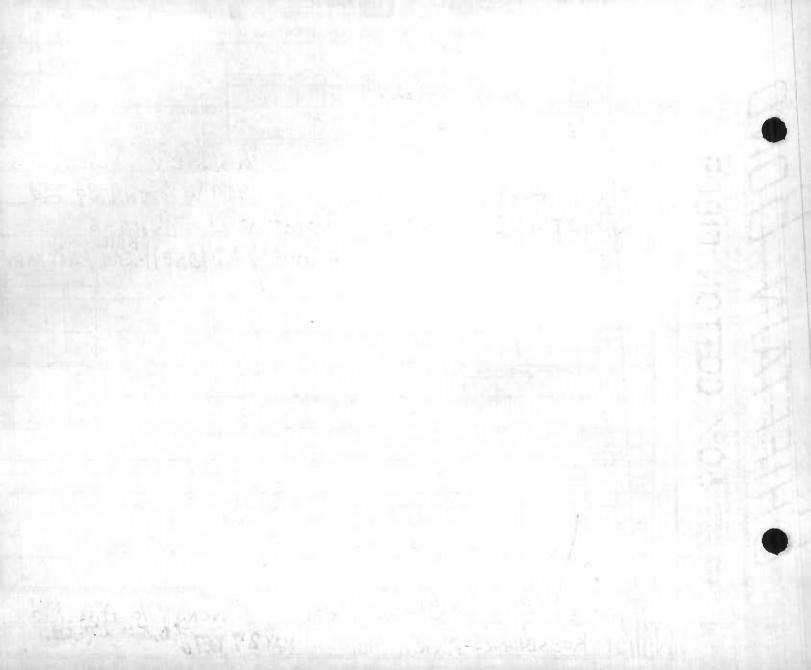
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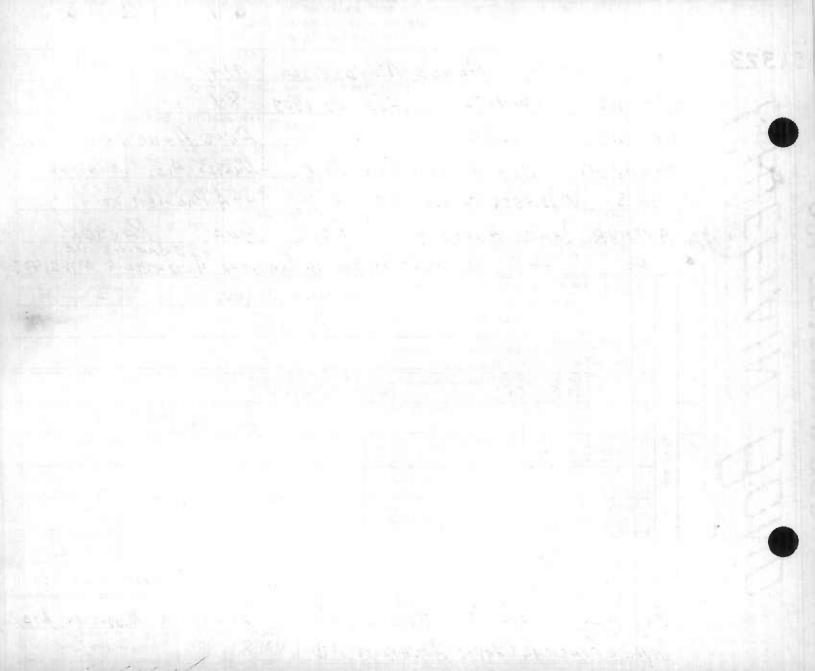
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5.6 1 MAY 27	17	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 /	40.	2 /	6 1
Page 4 may be director, page 3 cours ofter death	3 SE	EMALE	1	ACE (NMN)	S Date O	DAY YEAR	6. AGE (IN YEARS LAST B)	May 2 IRTHOAY) 2 12 YRS.	5 87 F UNDER I YEAR	IF UNDER 24 HRS
urs after death. Pe	10 E	RELAUI EN BUA		NAME OF I	WHAT COUNTRY? HOSPITAL, NURSIN HEACILITY, GIVE STREET GIVE RESIDENCE BEFOR	WIDOWE NG HOME O ADDRESS) DEL	DI NEVER MARRIED DI DIVORCED DI ROTHER INSTITUTION	ARUNDE 12a USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAKE	TION OF WORKING LIFE	124 KIND C	MINISINESS OR Home
d within 24 ha	13a. S Ma		A A (Co.	Glen Bu	rnie	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA FIRST Ellen	13e.STREET ADDRESS 511 Secon		ue S.W	
te be execute		VAS DECEASED EVER I VES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH PART I. DEATH W.	NA NA	ne couse per	16b SOCIAL SECU	544	Thomas Mah	•		6th Av 11e, N	
equires that the death certifica in signed by the attending phys. Then please remove carbonpas ir to burial, cremation, or remove injury, or ather traumatic event.	NOI	Conditions, if any, gove rise to imm cause (o), stating underlying cause	ediote g the lost.	DUE TO, O (b) DUE TO, O	R AS A CONSEQU With R AS A CONSEQU	ENCE OF Card	lerotic C.				
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3 PHYSICIA thrending p er this certif the burial- and Mental	MEDICAL	OR CONTRIBUTING C	ED	P. 21e. PLACE	м.	19	211 LOCATION STREET	CITY OR	0.00	COUNTY	STATE
to R ATTEN The hospital I DIRECTOR: tacked for us tocked for us tocked for us tocked for us tocked for us tocked for us			aul So	ew the body chonf	e deceased from 87 after death. () eld M. D		ATTENDING PHYSICIAN	MEDICAL ST.	date and have	22E DATE	
TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State IMPORTANT:	23a i	BURIAL, CREMATION,	Schor			NAME OF C	407 Crain	HIghway 123d LOCATION CITY OF TOWN	Glen		
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR NAME INGleton Fu			ADDRESS		Cemetery Maryland Maryland	Woodside		Queens RAR'S SIGNAL	N.Y.

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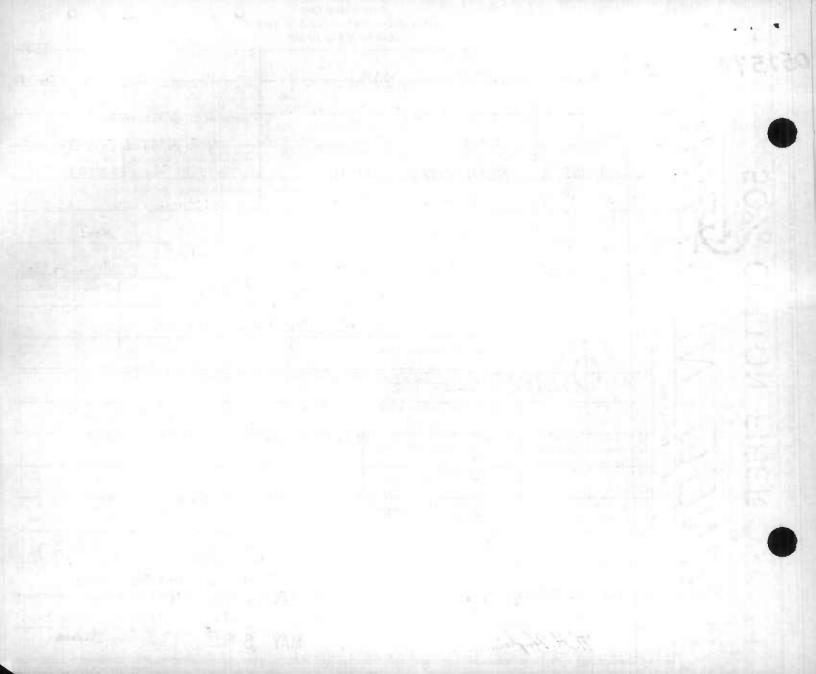


		1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		12/63
5 4 3,23	Y 22		CEASED NAME FIRST OR PRINT) ESTHE	R AGNES	MANDEVILL	20. DATE OF DEATH MO	5 1987 NAME OF THE PROPERTY OF
oge 4 mo rector. po urs ofter c		3 SEX	EMALE	WHITE	S. DATE OF BIRTH	6, AGE (IN YEARS LAST BIRTHD)	YRS FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pe	18	Win	RTHPLACE (STATE OR FOREIGN OUNIRY) MITCHES TER, MASS. TY OR TOWN OF DEATH	16 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRI	ED [HUNE /+K	UNDEC MD.
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E, MARY	16	A	RTHUR JAM	RMED FORCES? 166. SOCIAL SE	ROSE	AUNIDOLE	PARSON
ALTIMOR	De mod	7 0	NO -	olo 12	2869A SANDRA	,	APPROLIS MD 21403 APPROXIMATE INTERVAL BETWEEN ONSET NAND DEATH
N ST., B.	Sc event,		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Cavarac	auvect	4 minutes
that the death tay the attend	r other traumat		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	7750	(00	
RECORDS, 20	r to burn	NOIL	seveve	COPO	lung cau	HE TERMINAL DISEASE OR CONDIT	KM Street High
A STATE	1	CERTIFICA	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
NOF VIT	2	7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
DIVISION OF DIVISION OF Or atherding of After this senti-	marked o	MEDIC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
R ATTEN hospital RECTOR	e a		saw the deceased alive on	TIIO	17.	opinian death accurred on the date	ond hour and from the causes stoted
OSPITAL OF	ANT: # H		STULLE (TYPE O	OR PRINT!	ATTENI PHYSIC 220 ADDRESS	CIAN DIRECTOR PHYSICIAN	5/20187
	PORT	23o_E	STUAUT	E. SCLOULCU 23	MID. SI FUA	ATORY 23d LOCATION	hapolitud 21401
149BP	7	B	URIA DIRECTOR	5/23/87 U	LLDWOOD CEM	WINCHESTED 250, DATE REC'D. BY REGISTRAR 256	111/10/
DHMH - 16 60 (VRA 15.		1/2	Whore Funera	AL CHAPEL HAVE	VAPOLIS ND.	MAY 2 1 1987	Inlia Devidern-Randallo.



	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	REG. NO	* 4	
542 MY -	1 DECEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH N		AR 26 HOUR
Q 00 0	3 SEX DON	ALD 4. RACE	LEWIS	MAYI 5. DATE O		6. AGE (IN YEARS LAST BIRTH	IDAY) OZ UNDERT	
s office	Male	Wh	nite	OCTO	ber 15, 1929	57	YRS MONTHS D	DAYS HOURS MIN.
oth. Pog	To BIRTHPLACE (STATE OF COUNTRY) Pennsylvania		S.A.	/? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
offer dec	10. CITY OR TOWN OF DE	ATH 11. NAM			DIVORCED X	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	
4 hours	USUAL RESIDENCE (IF NUI	UN COUNTY	THE ARTINTAL PUTION, GIVE RESIDENCE BEFORE TO	DRE ADMISSION)	134. INSIDE CITY LIMITS?	Factory Wor		pers
uin 22	Maryland Maryland	City	Baltimo	re	YES 🔀 NO 🗌	Hollins	Street	21223
bed with	Arthur	MIDDLE	Mayhle		Lena	WIDDLE	Ma	ayle
on on control on medical	160 WAS DECEASED EVER	RIN U.S. ARMED FORCE (IF YES, GIVE WAR OR DA KOrean		Maria Committee	Mr. Louis De	other in-law)		em, PA 1546
physicia popers noval.	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only one cou WAS CAUSED BY:		the	inoma	bres		PROXIMATE INTERVAL VEEN ONSET AND DEATH
ending carbor o, or ret		DUE 1	O, OR AS A CONSEQ	DENCE OF	of nom	de Car	winen	
of the dec	Conditions, if any gove rise to im cause (a), state underlying cores	mediote	O, OR AS A CONSEQ	UENCE OF	hange h	40 000	a wine	(
years the plant of party, or or	Z PART OTHER SID		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PAR	RT Trans
1.119	THE DATE OF OPERA	ATION 196 C	ONDITION FOR WHIC	TH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
atheres of the state of the sta	OR CONTRIBUTING	CAUSE OF DEATH HOL	ME OF INJURY JR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
A Merica	CIF EITHER NOTIFY MED	RRED 21e. PI	P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE	19 E, FARM, ETC)	ZIE LOCATION STREET	CITY OR TOW	n COUNTY	Y STATE
St to the	AT WORK ALM	VHILE ORK		4/1	ly gr	5/2	4	7
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sow the deceo	l) (this haspital) attend sed alive an (did) (did not) view the	5/2 19	07'	nd that in (my) (our) opinion	death occurred on the dot	e and havi and from	L, that (I) (we) last the couses stated
The hast	UN SIGNATURE	goeyes	20,	(Pa)	ATTENDING PHYSICIAN	MEDICAL STAFF	_ <	ATE SIGNED
HOSPIT FUNER THE SPI FORTAN	224 PHYSICIAN'S N	IAME (TIME OR FIRM)			22e. ADDRESS	3-F PENINSUL		AD
2	230 BURIAL, CREMATIO	REMOVAL THE			EMETERY OR CREMATORY	CITY OR TOWN	12 COUNTY_	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Burid 24 FUNERAL DIRECTO NAME Singleton FO	M. W. Lineral Home	1987 Cond 1 Second Glen Burn	Ave.	Cemetery 5. W. MAY	TERECT 1987 CISTRARIZ		ennsylvani

STATE OF MARYLAND



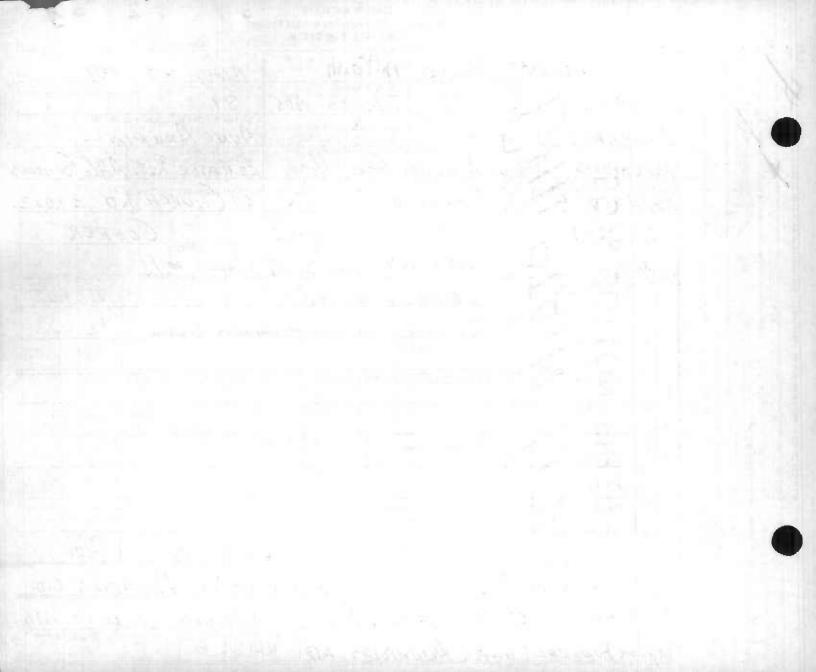
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3.4	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	*	
22		CEASED NAME POSE	ut HA	ROLD	ma	Cann	MAU	AONTH D	1987	2b. HOUR
,	1.5E)	MALE	WHI		DEC DATE O	23 1905	6 AGE (IN YEARS LAST E	YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
9	10.81	ARYLAND	76 CITIZEN OF W	A.	WIDOWE			TRUN	DEL	MD.
3	A	UNAPOLIS	ANN2 F	CILITY, GIVE STREET AI	L 63	EN. 105P	120 USUAL OCCUPA 1100 OF WORK FOR MOST	OF WORKING LIFE	E) INDUATRY	SCHOOLS
36	M	RESIDENCE (IF NURSING HOME OR		JE CHY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS	RESPOR	Ro:	21012
2	1	ROBERT	MIDDLE	Mª CA	TNN	GRACE	WIDDIE		OOPE	R
/		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECUR 220.36.6	645	SUE S. M	15 CANN	# 13		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly ane cause per li D BY: E CAUSE (a)	notajia), (b), and	ici.i	arret			APPROXIM BETWEEN O	MATE INTERVAL DINSET AND DEATH
	NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR	AS A CONSEQUENT AS A CONSEQUEN	Obs NCE OF	hictur puls	MINAL DISEASE OR CO	NDITION GIVI	12 0 EN IN PART 110	ylav)
9	CERTIFICATION	THE DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
9	0.545.0	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM IB P	ART 1 OR PART 2)	
	MEDICAL	AT HOSE AT HOSE AT HOSE	21e PLACE O (AT HOME, STREE	F INJURY T FACTORY, OFFICE FA	RM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		The first that (1) (this hasping the deceased alive an bave, (1) (we) (did) (did no		19	, an	, 19	 			A CONTRACTOR
1		22d PHYSICIAN'S NAME (14PES)	V. PEE.	Lar)		DIRECTOR PHYS		APOLIS	MD.
	\mathcal{B}	SURIAL, CREMATION, REMOVAL SPECIFY AL	13b. DATE 5/13/8			EMETERY OR CREMATORY	23d JOCATION CITY OR TOWN ARNO LE		707	מומו
14	74.5	LAL DIRECTOR		AMPRESS	. 1	25a. DA	TE REC'D. BY REGISTRA	R 25b. REGISTE	RARESIGNAL	Product

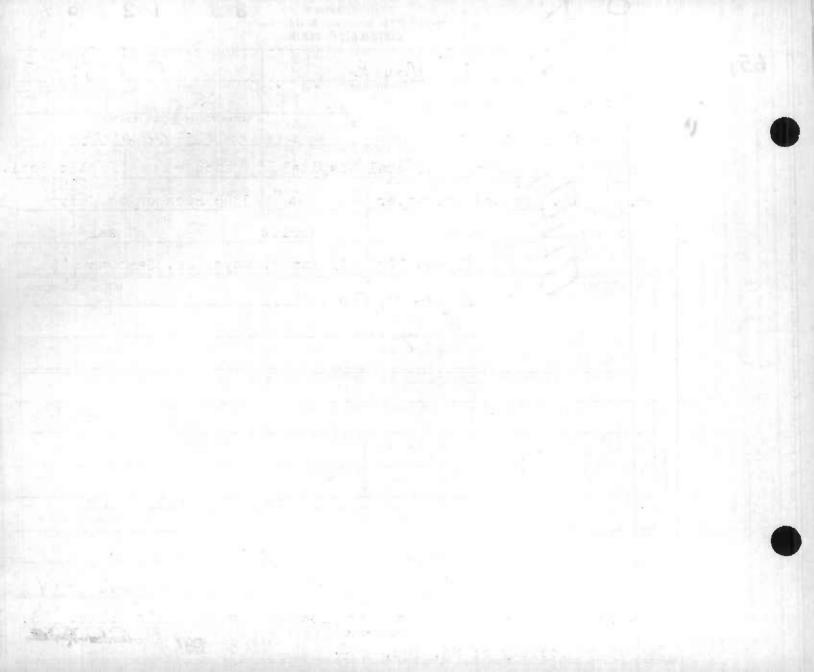
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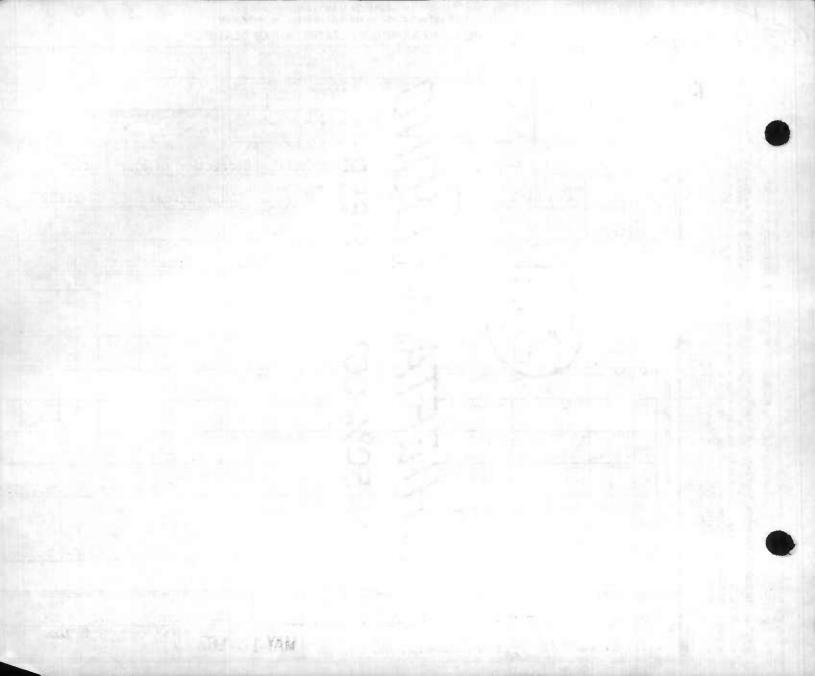
5 2 9 0 5 MAY -8	87	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO.	2/00
nay be page 3		CEASED NAME PIRST OR PRINTS		GUIGAN OF BIRTH	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	O4 87 9:23 4 IF UNDER 1 YEAR IF UNDER 24 HRS
ector.	1	MALE	White Au	1 23 1932		MONTHS DAYS HOURS MIN.
d th	S.	RTHPLACE (STATE OR FOREIGN 76. COUNTRY) USSACHUSETTS	CITIZEN OF WHAT COUNTRY? MARRI	ED NEVER MARRIED DIVORCED DI	Anne Aru	. 1
ooter de	100	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (1706 OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
AND 212	USU.		er institution give residence before admission 130 CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	136 STREET APDRESS / ZIP (ONLA
MARYL, ompletely and 2 sh	196	THER'S NAME FIRST AUDO VO	mcGuan	15. MOTHER'S MAIDEN NAM		Barrett
be executed and control of the medical control of the medical control of the medical of the medi	160 \	VAS DECEASED EVER IN U.S. ARMEE		Linda Win	ncGulgan-	Jame as
PRESTON ST., BALL he death certificate to attending physics mayor carbon paper mation, ar removal. rtroumatic event, th		18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y Cardin Va	p. Pres an asia &	t 2 Live	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 YLANA
res that the please right of please right or other y, or other	Z O	gave rise to immediate cause (o), storing the underlying cause last PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
he low re	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The law requirented of the ordinate of the ordin	MEDICAL CER	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 2]0. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY	216. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN ITE	M 18 PARI T ORPART 2)
NG PHY offendi	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TTEND! pital or TOR. A for use of Heal		obove (I) we) (did (did n) t) vi		and that I (my (our) apinian	death occurred on the date one	haur and fram the couses stated
0 4 0 00		22b. SIGNATURE Red PHYSICIAN'S NAME TYPEORPR	Vathanson M	ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5/5/87
TO HOSPITAL Of retained by the TO FUNERAL I should be detained that the State I IMPORTANT HE	730	BARRY R.	NATHANSON	CEMETERY OR CREMATORY	123d LOCATION	: Avaint MS
BP	E	SPECIFY)	Day 8,1987 Holl	and	Holland	COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)	10	uneral director	Chapel-Annag	250 DAT	FREC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE

The second secon THE ORDER OF THE PROPERTY OF T Last St. Mar 20 TEST W. Holles Ingreat Linguage Language when I have

	1 -	FOR STATE REGISTRAR			DEP	PARTMENT O	F HEAL	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	8 7	REG. NO.	12	16	
5 2 65 1 MY -		OR PRINT!	A NU	. /	MODIE G.	Mey	PR	MEYER	20. DATE OF D		5 2	87V	HOUR 7/5 M UNDER 24 HRS
ge 4 m	3. SE.	FEMAL	IE	CAC	Chein	n) is	TE OF B	3TH DAY 16 19	6	8	YRS.	DAYS HO	OURS MIN.
Geoth. P	R	RTHPLACE (STATE OR FOR OUNTRY))	115	WHAT COUN	WIDO	RIED WED	DIVORCED [Anin	P)E	ARUA	nish	MD.
s ofter filed at	A	ty or town of death nnapolis		Arur	ndel (General General	al 1	Hospital	120 USUAL OC ITYPE OF WORK FO Teac	OR MOST OF V			c Schl
AND 212 n 24 hau filled in nould be	13a S	Md.	36 COUNTY		13c. CITY OF		13d	I INSIDE CITY LIMITS?		Poca	zip code ahonta		037 ve
MARYL red within		Joshua	MIDE	Ge	erow			MOTHER'S MAIDEN NAME Harriet		MIDDLE		eelÿ	
be execution and co		VAS DECEASED EVER IN VES NO OR UNKNOWN) NO	U.S. ARMEI			40-12		William J.	Meyer	Jr.		as #	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires in critical properties to a continuous physician and completely filled in the strength of the buriel transit permit. Then please, remove carbon popers. Pages Trad 2 should be filled in the and Mental Hygiene prior to buriol, cremoval. On the buriel transit permit is buriol, cremoval. On the mental Bysiows any injury, or other traumatic event, the medical examines mastibe here.	NO	Conditions, if ony, a gove rise to imme couse (a), stating underlying couse	which diote the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CON	SEQUENCE OF	F	OT RELATED TO THE TERM	sinal disease (OR CONDI	ITION GIVEN II	N PART Ito	
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION				VHICH OPERA		VAS PERFORMED	Taxan II	400	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
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DIVISION DING PHY: or ottending After this e os the bus and the ond M marked or	MED	21d. INJURY OCCURRE WHILE DOT WHILE AT WORK		21e PLACE		OFFICE, FARM, ETC		OF LOCATION STREET	(CITY OR TOWN	N (OUNTY	STATE
ATTENDIN spirol or CTOR: A for use of for use of 121 is mo		220.1 certify that (1) (t saw the deceased above, (1) (we) (dia	olive on				, ond tl	hat in (my) (aur) opinion		on the date			t (I) (we) lost uses stated
PITAL OR A by the ho ERAL DIRE- ERAL DIRE- store Dept ANT: If them		22b. SIGNATURE	lut.	7 Pc	Cun	~	in	PHYSICIAN N	MEDICAL DIRECTOR	STAFF PHYSICIA		??c. DATE SIG	NED
TO HOSPITAL retained by the TO FUNERAL should be det with the State limportant.		Robe	rt		Pete				ion St		Annapo	les 1	nd
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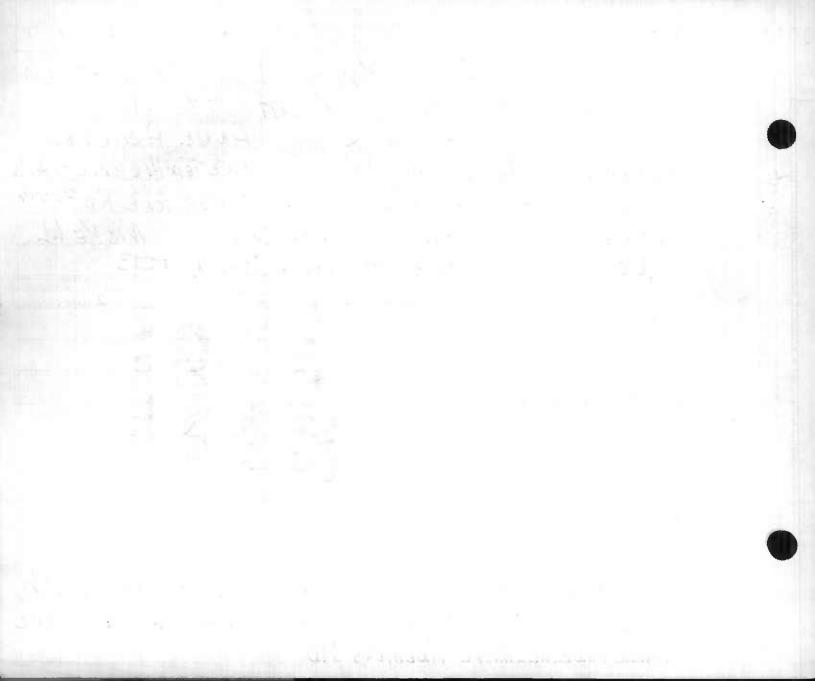


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000		4. D	ECEASED NAM	GHAZLL			MIDDLE			LAST		20	DATE KNOWN (OF ESTI- DEATH MATED (MONTH	DAY YEAR	Zb. HOUR
	FILES FILES FILES FILES	0/2.5	X	STEVI 4 RACE	5. DATE OF	SIRTH		6. AGE (IN Y		MTT.I.F.	IF UNDER		DATE	MONTH MONTH	DAY YEAR	2d HOUR
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED WITHIN 72 HOURS W. PRESTON STREET,	1.00		white	MONTH 9	22	YEAR 47		RS. MON	THS DAYS	Hours		RONOUNCED DE AD	5-4-	19	11:20
	CESSA IERAL OR Y THIIN	541	BIRTHPLACE (S OREIGN COUNTRY)	TATE OR	76. CITIZEN		AT COUN	TRY?		IED X NE		IED 🔲	BALTIMORE CITY			
	E STAN		aryland	OF DEATH I	II NAME (RSING HOM	WIDOV	VED L	DIVORC		Anne Ar		County 126 KIND OF BU	MD.
	ELAY IS N TO THE FU PAGE 5 BEFILED	A	nnapoli	s	Ann	e Ar	unde	l Gen	eral I	Hospit		FOR MC	ection off		or INDUSTR prison	Y
BALTIMORE, MD, 21201	AND 3	13a	STATE aryland	(IF IN NURSING HOME OF COUNCIL	ITY	UTION, GIV	13 CITY Gre	OR TOWN	ro	13d. INSIDE C	ITY LIMITS?	13e STREE	ain Street		21639	
MD,	F2232	711	ATHER'S NAMI		MIDDLE		7	LAST		F	ER'S MAIDE	EN NAME	WIDDLE		LASY	
RE,	JRS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. T. PAGES 1 AND 2 DIWISION OF VILE	74	unkno								yllis	35/			loss	
TIMO	FOR ON O	17 160.	WAS DECEASE YES, NO, OR UNKNO		WAR OR DATES)	5?		TAL SECURI		17 INFORA			ADDRES			
PAL JA	JRS AFTER 8. GIVE PA WITH FOR T. PAGES DIWISION	Y.		Viet				-44-36	15	Dor	ris Mi	ller	Green	sboro,		
ST.,	O TO SW		PART I DE	F DEATH (Enter on ATH WAS CAUSE	D 8Y:	He		and (c).) njuri	25						APPROXIMATE BETWEEN ONSET	AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	BE EXECUTEDING: 11		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH B	UT NOT RELA	TEO 10 THE 1ER	MINAL DISEAS	SE OR CONDITION	N GIVEN IN PA	RT 1 (a)				
ت « ش	37 503	CERTIFICATION	19a DATE OF	OPERATION	19b. (CONDITI	ON FOR	WHICH OPE	RATION	VAS PERFOR	MED?			L	20 AUTOPSY?	
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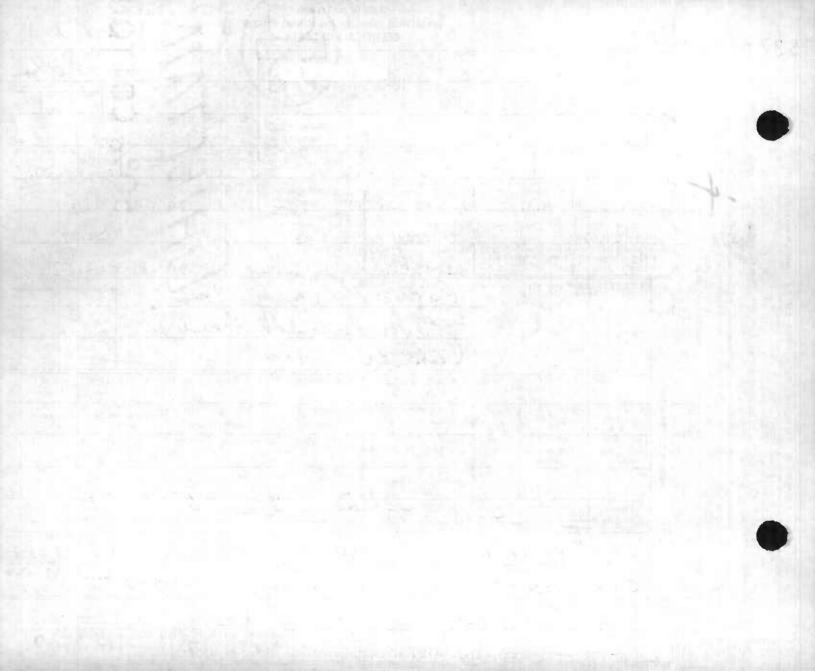


	FOR - STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLA EALTH AND N ICATE OF D	ENTAL HYGI	ENE REG.	NO	- / 8	FDT EDT
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A post	3. SE	+ 1	RACE / // / / -	S DATE OF BIRTY	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Page dreets			W.HITE	09 21 19	BAHIMORE CITY OF	YRS PRODUCT OF DEATH
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Control of the contro		IMMEDIATE	CAUSE (0) Mexper	20ster oncepha	liks	2 wks-
STON freeds on on		Canditions, if any, which	DUE TO, OR AS A CONSEC	UENCE OF		THE PERSON NAMED IN
W. PRE at the d the remon clematic		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	UENCE OF		
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low requirements been been be been been been been been	ATIO	Staphylucuccal	septicemia-	TH OPERATION WAS PERFORMED	70g AUTOPSY?	206. IF YES, WERE FINDINGS USED
- Se + G = 6	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITAL HYSICIAN. Th ding physicia is certificate I buriol-fronsit Mentol Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF NO PHYSICIA of the this certification of the buriol-th on the buriol-th and Mental orked or frem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
0 = S		220.1 certify that (1) this hospita	ol) ottended the deceased from	77	7.10.5	1987 , that (I) (we) last
AFT Section 1. of the control of the		above, (1) (we)fidid) (did not)	view the bady after death.	- /	non death occurred on the do	
the of the District of the Dis		Sular	smon 10	ATTENDING PHYSICIAL	MEDICAL STAF	1 /1.7/07
TO HOSPITA to HOSPITA TO FUNERA should be de with the Stat		RICHARD	PEELEE	51 FRA	WKLIN ST.	ANNApplis MD.
BP	230	BURIAL, CREMATION, REMOVAL	5/30/87 F	HADUEZ CEM	TYPEEN	BAY BENN Wise
DHMH - 16 60M 7/84 (VRA 15, 4)	14 F	INERAL DIRECTOR PUWERNL	CHAPEL PR	DUApolis MD. 1250	DATE RECD. BY REGISTRAR MAY 2.8 1987	75b. REGISTRAR'S SIGNATURE
by the hospital by the hospital by the hospital by the hospital class of the hospital state Dept. of Hee NII. If them 21 is a		saw the deceated alive on_	view the body diterdenth.	DEGREE ATTENDING	G MEDICAL STAF	ate and hour and from the causes stated 22c DAJE SIGNED
	1	BURIAL	5/30/87 4	THHOUEZ LEM	TYPEEN	BAY BEOWN WISE
	14	YLOR FUWERAL	CHADEL FIL	DUApohis MD. 1	MAY 2 8 1987	Landown Landallo



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	the if he	In Ci	TY OR TOWN OF DEATH		(IF NOT IN SUCH FACILITY, GIVI			JIION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	126. KIND OF I INDUSTRY	BUSINESSOR
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BALTIMORE, MARYLAND	THE STATE OF THE S		VAS DECEASED EVER IN			L SECURITY N			ADDRE	SS		- 11-
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3	that the by the cose re			the lost		SEQUENCE O	e h	orga	12cme	25-61		
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DIVISION OF VITAL RECORDS,	w rei	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				(ED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED				
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IAI	sicro	ER	210 ACCIDENT WAS UNDER	YING	21b. TIME OF INJURY		21c HOW INJUR	RY OCCURRE	YES NO	YES [NO 🗆
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2	ING Programmer after the as the lith and marked		AT WORK AT WORK				1121	22		12 -	22	
	TEND fal o or use or use		220.1 certify that (I) (the saw the deceased		1) ottended the deceased	10 0 T	and that in (mu) (nu	19 0 /	eath occurred on the do	19		not (I) (we) lost
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	OK All DOREC oched f Dept		228. SIGNATURE	. 1	11/0		DEGREE ATTE	ENDING !	MEDICAL STAF	F	22c. DATE SI	GNED OF
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	T o r a z Z	23a. 8	BURIAL, CREMATION, RE	MOVAL	23b. DATE	23c. NAME	OF CEMETERY OR CRE	MATORY	23d, LOCATION CITY OR TOWN	COL	INTY	STATE
	BP		Burial		5/16/87	Wood]	awn Cemete		Woodlawn	Balti	more	Md.
	DHMH - 16 50M 7/77		JNERAL DIRECTOR	HWA	ADDR	ESS	21229	25a. DATE	REC'D. BY REGISTRAR			2.00
	(VR A 15 (4))	LH	ubbard Fune	ral H	Home, Inc. 4:	107 Wi	kens Ave.	MAY	15 1987		mort-life	-



24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84

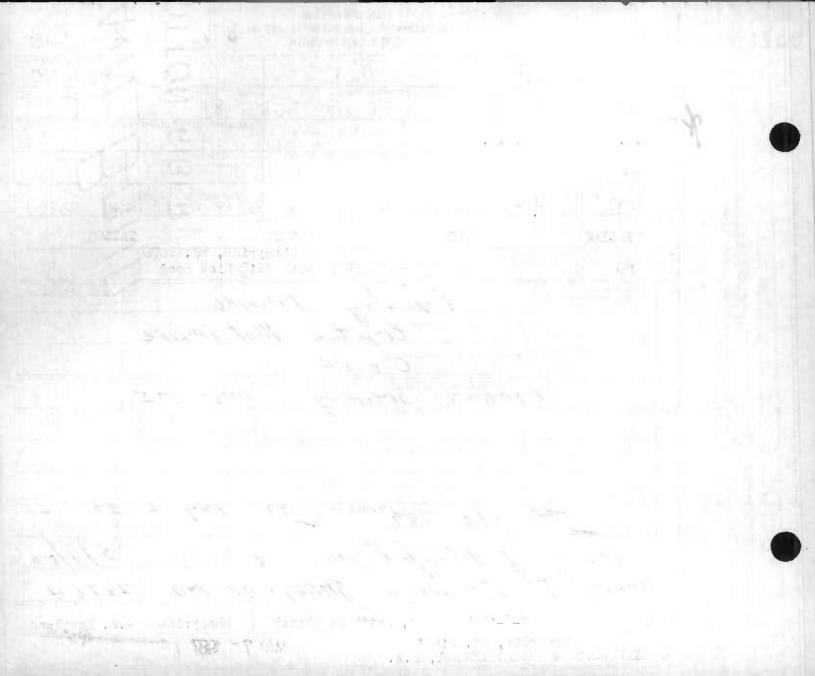
(VRA 15, 4)

Annapolis, Md. 21401

REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND

AR ISLANGE CHANGE



YAN PATENTE ATTENT

AIRE ARUN

CLEN BURNIE MORTH ARCHUEL HOSPITAL

US ACHARAT ROAD LIEW HURNIE, WARYLAND 21001

WILL F WHITSOS, and

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DIVISION OF VITAL RECORDS, 201 W. PRESTON SI NG PHYSICIAN: The low requires that the death cert offer this certificate has been signed by the offending of sin Equipperson Then please remove carbon thand Metala In greate prior to buriol, cremation, or rer	njury, or	z	PART 2 OTHER SIGNIFICA			G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110			
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Ar The	2 /	RT						YES NO	YES [NO 🗌		
hysi ico	2/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	11011	ME OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)			
	549	AL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH	P.M.	19							
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or or see	e e		22a.1 certify that (I) (this h	ospital) attende	ed/the deceased f	rom Ma	198	1 10 5/1	0 19	87 the	ot (I) (we) lost		
TTEN partol TOR for u	21 is		saw the deceased alive above (1) (we) (did) (did)		1 0 400	Ci -7	d that in (my) (our) opinion	death occurred on the de	ate and hour or				
OR AT e hosp DIREC	E		22b. SIGNATURE	d now view the b	ody offer death.	11	DEGREE			226 DATE SIG	GNED		
	=		/// and 1/30	ver I	mh.N	ulley	ATTENDING PHYSICIAN	MEDICAL STATE		5/10	167		
Se E	Z		224 PHYSICIAN'S NAME IT	YPE (OR PRINT)			22e ADDRESS	1 AD A	IAIN	11/19			
TO HOSPIT etoined by TO FUNER should be o	MPORTANI		Poul Beres	ZMOR	n Dr. Gry	gaveille	1635 auf	ton Blud	anto	in m.	02111		
¥ 6 - 4 3	2	23a B	URIAL, CREMATION, REMO	VAL 236. DAT	E	230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTS			
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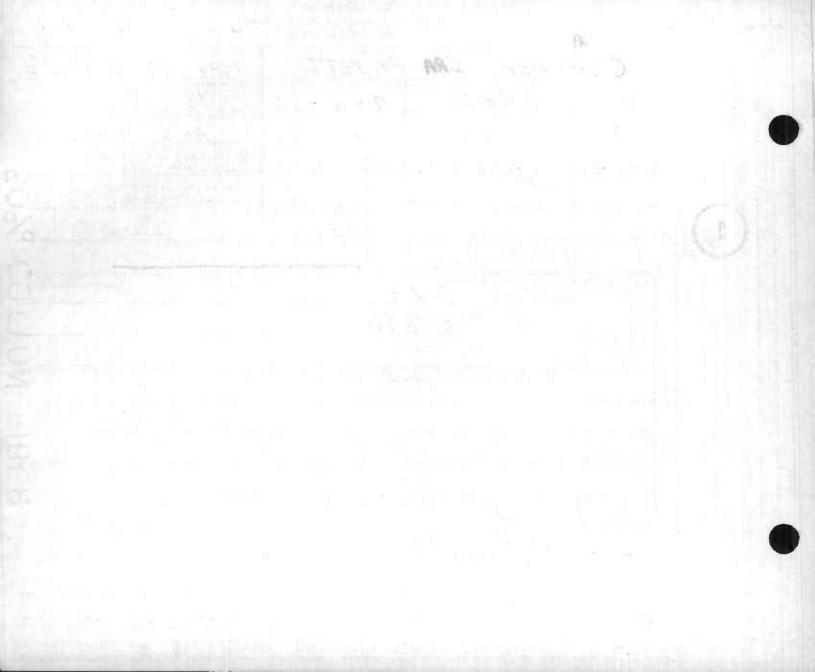


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noy be poge 3		CEASED NAME OR PRINT)	ELEN1		WIDDLE	N	VIK "	ST		20. DATE C	AY	MONTH		1987	1159 AM
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours systicion and completely filled in appers. Pages 1 and 2 should be wol. A the medical examiner mistree in the medical examiner.	130. 5	AL RESIDENCE (IF NURS	13b COUNT	THER INSTITUTE Y	13c CITY O			13d. INSIDE CITY LIZ YES NO	X	STREET	ADDRESS	ZIP (210	
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				STATE OF MARYLAND	
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10	B 10 10 10		Section 1	(c)	
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STATE OF MARYLAND

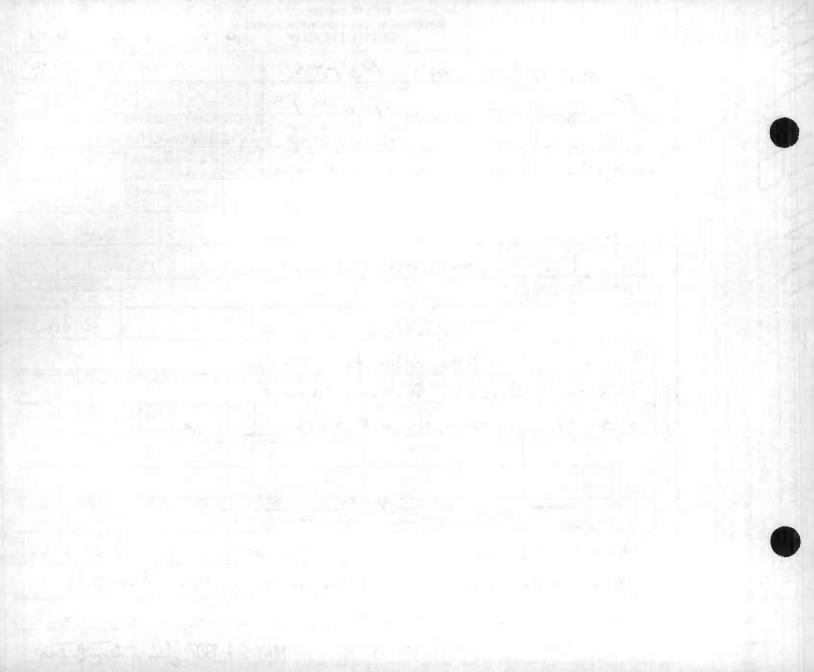
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Poges medico	7			ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		
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ng physici certificate riol-transi entol Hygi ttem 18 sh	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJI	URY IN ITEM IB PART 1 OR PAR	ft 2)
After this c os the bur		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE
TOR Al for use of Heolt			22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	on 5/13/	87 19		nd that in (my) (our) opinion	, to death occurred on the c		, that (1) (we) I in the couses stated
by the hose detached State Dept.			1226 SIGNATURE	Halite	interes			MEDICAL STA	AFF	25/8
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of Character of Market		24 FL	URIAL, CREMATION, REMOV	23b DATE 5/26	/87 PH	NAME OF C	EMETERY OR CREMATORY OSary Cemeter	Baltimor	e Balt	imore

DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OF PRINT) over 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNGER 24 HRS (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXVEVER MARRIED FLORDTA U.S.A. WIDOWED DIVORCED | ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ANNAPOLIS INDUSTRY 13b COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21401 ANNAGOLIS AIZ CROND YES 🔀 NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE GASTON SIMS MAMIE EDWARDS Annapolis, APRESS 21401 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 4 417 JOYCE HENSON 1623 Colbert Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: BRAIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HyperTus."3~ Conditions, if any, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Phermosoid line NON 71a ACCIDENT WAS UNGERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (I) (14... haspital) attended the deceased from saw the deceased alive on 5/11/8 19 saw the deceased olive on obove, (I) (We) (did) (and ot) view the body ofter death. , and that in (my) (but) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN the ORT 25 Show St. Amenolit md. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN BURIAL 5-15-1987 PINELAWN MEM. PARK Annapolis Annapolis. Md. 21401 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 WILLIAM REESE & SONS MORTUARY P.A. (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH .REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 2a DATE OF DEATH (TYPE OR PRINT) May 24, 1987 8:00 Leola Phelps 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3. SEX 5. DATE OF BIRTH December 12,1892 Female White BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Anne Arundel County U.S.A. Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 12ª USUAL OCCUPATION Draftsman Ferndale Road Thread Company Glen Burnie Home GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Glen Burnie Ferndale Road 21061 Maryland A.A. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Clara Biggs George Phelps WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN I HE YES GIVE WAR OR DATEST 216-01-8981 Clara Virginia Schuman Same as 13e BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ICP PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) AT WORK AT WORK 22a I certify that (1) this haspital) attended the deceased from sow the deceased alive on SIS above (II) we) (did (did not) liew the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 STONATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 5/27/87 Glen Haven Mem Park Glen Burnie Md 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 George J. Gonce 4001 Ritchie Hgwy Balto Md

(VRA 15, 4)

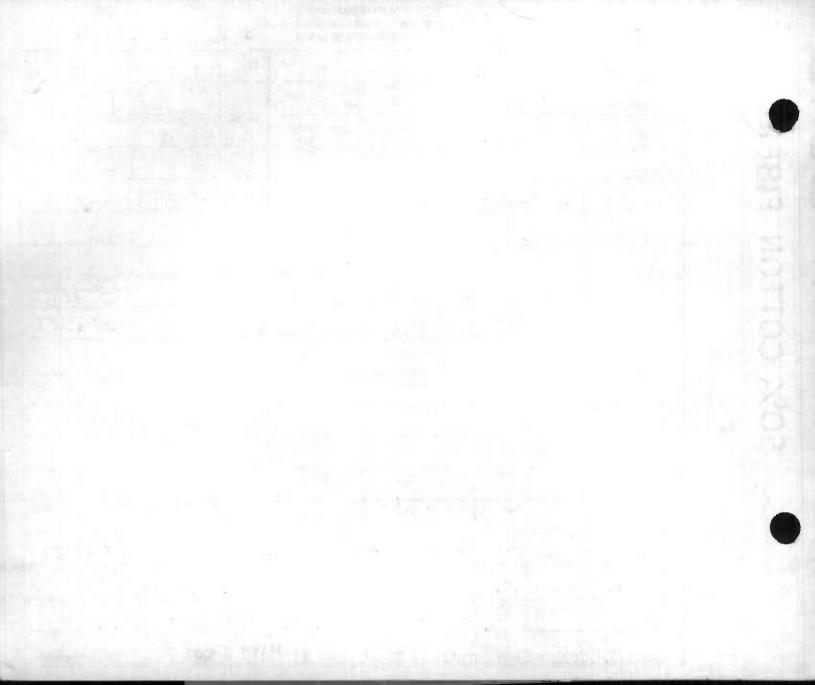
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME O DATE KNOWN OF ESTI-DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. ANNE ARUNDEL 120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Schooler CORMEUSTRY ANNE ARUNDEL 138. INSIDE CITY LIMITS? System IS MOTHER'S MAIDEN NAMI MIDDLE MIDDLE FIRST LAST Mattie Prater Fairchild James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Cardamon Dr. 406-38-615 Charles Phillips No IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which S.C. VID gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E 60 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN STATE COUNTY 22a I certify that I took charge of the remains described above, held on Inspection M and in my apinion death resulted from: Natural causes Accident Homicide ____ Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME JONES, M.D. 695 America Ct. Dav'ville, Md WILLIAM Y. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Maryland Veterans Crownsville Burial BP 07/B4 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) ROBERT E. Evans Annapolis, Maryland

at 12 and superior 12 thand when Dr. Charles Alcord Steel

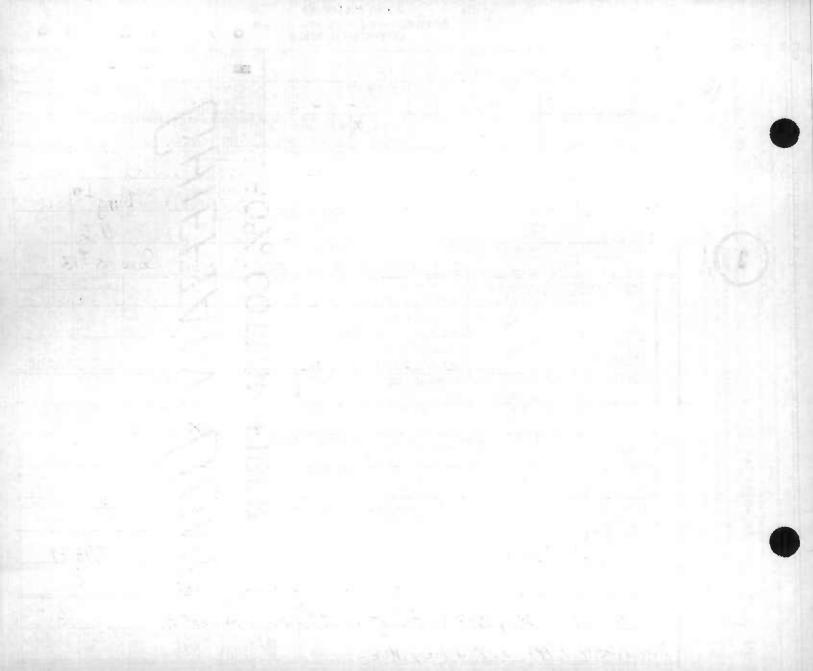
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000011-14	REGISTRAR					CATE OF DEA			EG. NO.	Cin 1	0 4
. m £	1 DECEASED NAME		MIDD	LE .	LA		2	a. DATE OF DEA		DAY YEAR	26 HOUR P.
ay be age 3 death	Lo	15	E.		Pier			May 11			10:00 M
a dia	3 SEX		4 RACE		5. DATE O		YEAR 6	AGE (IN YEARS	AST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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V1/200	A BIRTHPLACE (51		76 CITIZEN OF WH	AT COUNTRY?	MARRIED	NEVER MARK	RIED 9	Y OF DEATH			
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STATE OF MARYLAND

Since May St. 187 458

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER TO FUNCHEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRAN AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE, MARKHAND, 21201 PRIOR TO BURIAL, CREMATION, OR RE	73e Bi		ION, REMOVAL		rita		orell,			111 F		CATION	Balto	u , IVIL)	212	UT.	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2n DATE OF DEATH 25. HOUR (TYPE OR PRINT) ALMA VIRGINIA 1987 RAY MAY 730 4. RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR Female Caucasian March BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY West Virginia DIVORCED XX WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL P.G.Co.Bd.ofEd Waitress 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 2400 Vineyard Lane Maryland Anne Arundel Crofton NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nathaniel Scritchfield Jessie Williams D. 16h SOCIAL SECURITY NO 2400 Vinevard Lane 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) 317-24-8018 Herbert D. Ray Crofton, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and IC. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DISSECTION OF THORACIC ADRIC ANEURYSM DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AL RECORDS, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (T) this haspital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 8187 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 615 HAMMONDS LANE MARC OKUN, M.D. 5 % 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 1987 Lakemont Mem. Gardens Davidsonville. Anne Arundel. 24 FUNERAL DIRECTOR 16000 Annapolis Road DHMH - 16 60M 7/84 (VRA 15, 4) Beall Funeral Home Bowie, MD 20715-3043

STATE OF MARYLAND

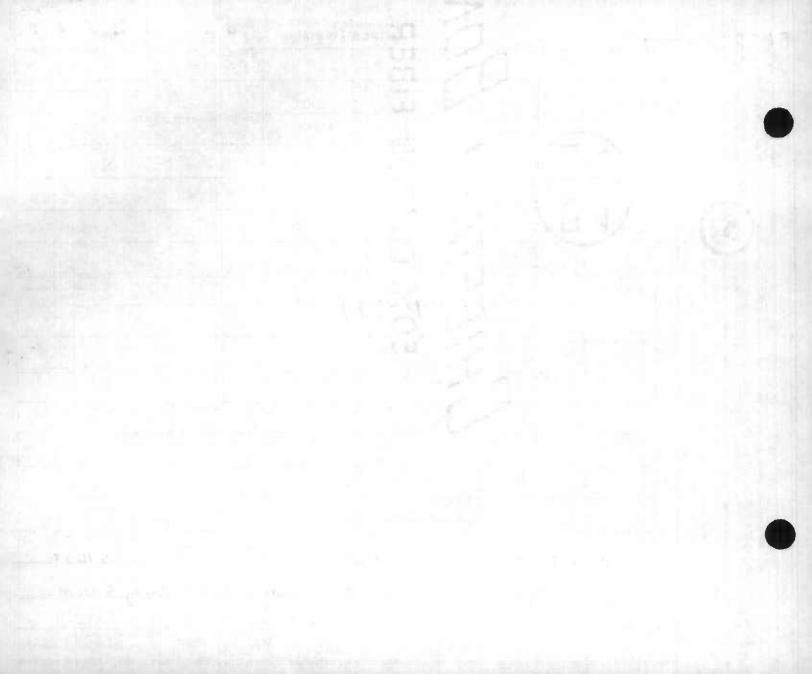
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d co		VAS DECEASED EVER IN U.S. AF		166 SOCIALS	ECURITY NO.	17 INFORMANT (Husb	and) ADDRE	SS		
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ECOR been rmit. Il prior t	CERTIFICATION	19a. DATE OF OPERATION	TIN CON	DITION FOR WE	HICH OPERATIO	N WAS PERFORMED	70a AUTOPSY?	206. IF YES,	WERE FINDIN	GS USED
e lou n. perm perm	F.	THE DATE OF GLENNING					VECT NOT		ING CAUSES	OF DEATH?
JISION OF VITAL RI Trending physicion. In this certificate has the buriol-transit per ond Mental Hygiene and Arental Hygiene and or them 18 that was a final to the month of t	E	210. ACCIDENT WAS UNDERLYING	7 215 THAC	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES		NO U
N OF VITA SICIAN TI ag physica certificate miol-transit ental Hygi		OR CONTRIBUTING CAUSE OF DE		A.M. MONTH	DAY YEAR	THE HOW WHOMAN OCCOR	LED TENIER NATIONS OF BASIO	TT HEITEM TO TAN	A / J OR / HRI 2)	
ON OF YYSICIAL ding phisicial buriol-tri Mental or Item	S	LIFEITHER NOTIFY MEDICAL EXAMINE	R)	P.M.	19					
PHYSICIAN phys carding phys this certifical this certifical and Mental Hydron de Amental Hydron de or Item. It	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	FICE, FARM ETC	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DING PHYSICIA or ottending p After this certi e os the buriol- olth and Menta marked or frem	1	AT WORK AT WORK				10.				
DIN ENDING		220 1 certify that (I) (this hosp	ital) attended	the deceased fr	om	19_8-), to 725	2	987	that (I) (we) lost
TTEN Pitol TOR TOR 10 H		sow the deceased alwest above, (I) (we) (did	5/2		19_8, ar	nd that in (my) (our) opinion	death occurred on the de	ate and hour	and from the	couses stated
REC Pept		226. SIGNATURE	00	y oner deam		DEGREE			22c DATE	SIGNED
TAL OI Yy the RAL DI Getoch Ote De		XX	1			ATTENDING PHYSICIAN [DIRECTOR PHYSIC	FF CIAN (1000	
HOSPITAL Inned by the FUNERAL Uld be derive the Stote ORTANT:		224 PHYSICIAN'S NAME LTYPE	OR PRINT)				1404 CRAIN I		CHIT	E 300
O HOSPITAL TO FUNERAL To FUNERAL Should be del with the Stote			00717170	2 22					1061	11 200
TO HOSPITAL retoined by the TO FUNERAL should be detoined in the Store with the Store to MPORTANT: If	22-	GY TAIN E			734 NAME OF C	EMETERY OR CREMATORY	234 LOCATION	ACTION 2	- HID.	
		(SPECIFY)					CITY OR TOWN	enic	COUNTY	STATE M.d.
BP	24.5	Burial UNERAL DIRECTOR	77-11	-		ven Mem. Park	Glen But		A A CO.	IPE
DHMH - 16 60M 7/B4		NAME		nf or ADDR			1007	1	3 3101 (41)	OKE
(VRA 15, 4)	Si	ngleton Funera	l Home	Glen Bu	urnie, M	aryland	N 3 1981			

STATE OF MARYLAND

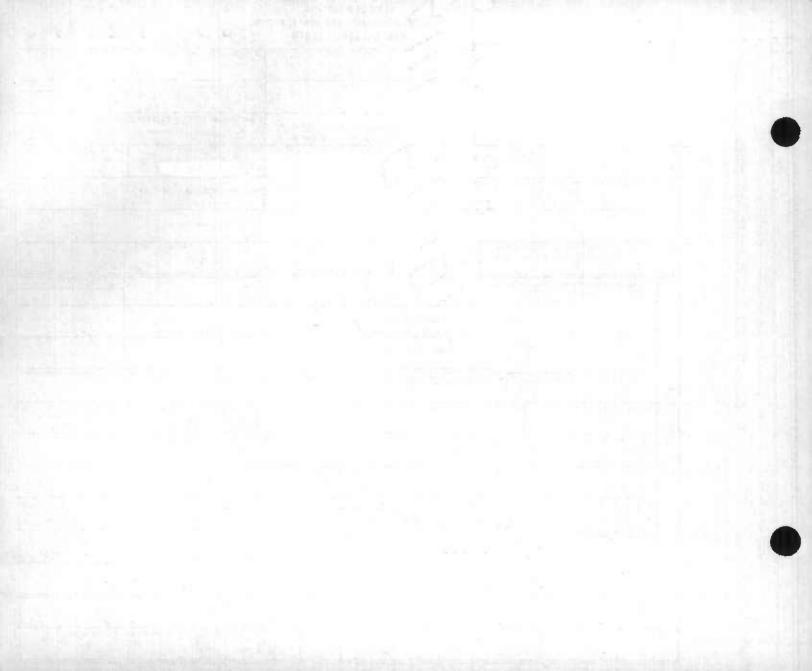


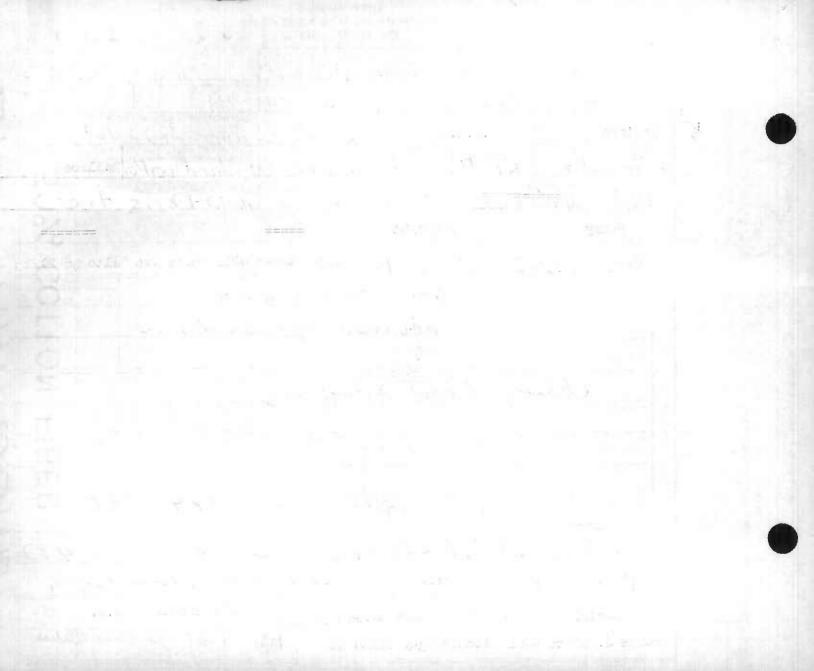
STATE OF MARYLAND



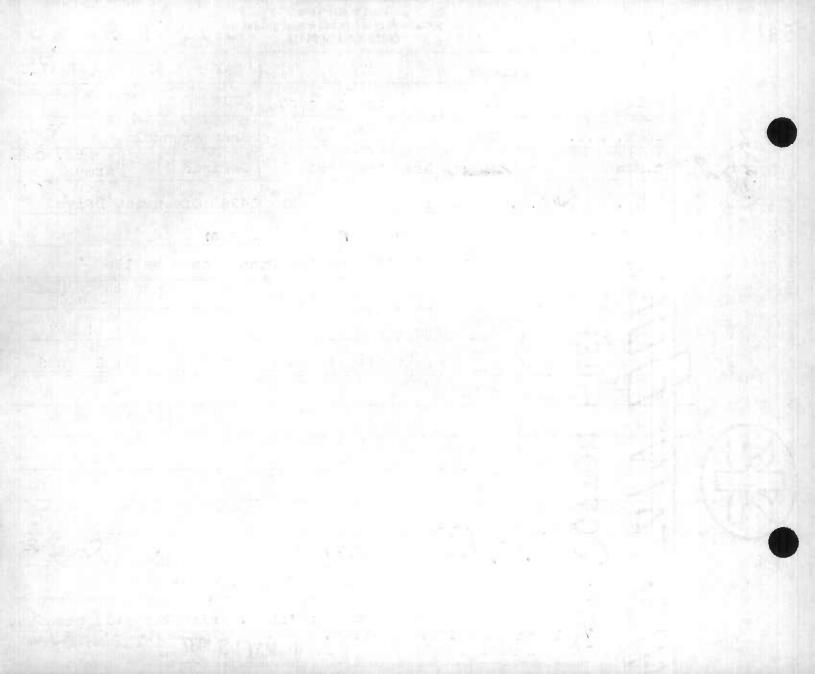
	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	12/92
55579	HYPE U	REGISTRAR CEASED NAME PRINT;		LRS	3	ADNIH DAT YEAR 26. HOUR M
Page 4 ma director pi		MAR. RTHPLACE ISLATEOR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
s ofter death. y the funeral fed within 72 in optified by one		ITY OR TOWN OF DEATH	U.S.A. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH ACULTY, GIVE THEELY	MARRIED NEVER MARRIED WIDOWED DIVORCED DI	120 USUAL OCCUPATION	MD. NO 171 KIND OF BUSINESS OR WORKING LIFE DUSTREE
212 212 d in the	130	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 13b, COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE 13: SITY OR TOW A. HANAPA	YES NO D	130 STREET ADDRESS	DOSTreet 21403
RE, MARYLAND ecured within 24 d completely fille es and 2 should icol extrapret (m)	160	ATHER'S NAME FIRST			NNA MIDDLE J	Ohnson 1 13
ificate be execuply side of the physician and physician and movel. vent, the medical		18 CAUSE OF DEATH (Enfer only or PART I. DEATH WAS CAUSED BY	13-18-	1197 DoroThy	Kodgers	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAD
201 W. PRESTON ST ss that the death certi- red by the ottending in- prole, cremotion, or rer- rol, cremotic ex, or other traumotic ex-		Conditions, if ony, which gove rise to immediate cause (al., stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) CONSEQUE DUE TO, OR AS A CONSEQUE (c)	tulmonary.	Suphypen	a years.
he low required on the low required on the best been significant. Then there prior to be the p	CERTIFICATION	Mugistre 19a Date OF PERATION	Heart fail	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL ING PHYSICIAN: The rotherding physicion ther this certificate h the ord heurolitrons is the ond Mentolitrons in the ond Mentolitrons is orked or them 18 ship	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHY MEDICAL EXAMINER) 710. IN JURY OCCURRED WHILE NOT WHILE	216 TIME OF INJURY HOUR A.M. MONTH D. P.M. 218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUR	
OR ATTENDI hospital or IRECTOR. A hed for use hed for use them 21 is m	600	WHIE NOT WHIE 2 AT WORK AT WOR	5-13-87 19	DEGREE		te and hour and fram the causes stated 22c DATE SIGNED
HOSPITAL Buned by the Store ould be detent the Store PORTANT:		PETER F. VE	RKOUW	ATTENDING PHYSICIAN 170 ADDRESS 1833 TOTAL	MEDICAL STAF	
₽ ₽ ₽ € 3 ≦ *	23a	BURIAL CREMATION, REMOVAL 2.	6/2/87 /H	AME OF CEMETERY OF CREMATORY	23d LOCATION OF OR TOWN	als A.A. MS
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	and han appless	Pran pale MS JU	V REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGNATURE

All this entire is duly in take a soften.





53	1423 TAY 1	lo	em #15, G-627, FOR Gbj., 7 STATE Gbj.,	5/25/87		MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE & /	o.	2 /	9 5
	poge 3	J	CEASED NAME FIRST	Josep	h	R	Y AN	MAY 9 1	987	YEAR	1712 _M
	rectar. pours offer of	1	ALE	4. RACE WHITE		5. DATE O		6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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201	21	Ft	.Meade	Kimbr	ough A.rn	ny Ho	spital	Retired		126. KIND D INDUSTRY A. TMY	G Gallering GOT
AND 21	35	13a.	Md. 131 COUN		136. CITY OR TOW Laurel	N	136 INSIDE CITY LIMITS? YES NOXXX	13e STREET ADDRESS 14243 Gre	envie	w Dri	ve 7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	completel	1	Thomas	WIDDLE		an	Rose Rose	Mary		Powe	
LTIMORE	be exection ond or s. Pages	169 (WAS DECEASED EVER IN U.S. AR YES NO ORUNKNOWN) (IF YES, GIV	/E WAR OR DATES)	136-32-		Aurelia Ry	an same	as 1		
ST., BA	ertificate ig physic son pope removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (0)			RY FAILURE			3 H	RS
RESTON	e death c ottan, or troumotie		Conditions, if ony, which gove rise to immediate	DUE TO, C	PNEUMC					14	DAYS
201 W. P	s that the ed by the olease rer riol, crem or ather	'n	couse (a), stating the underlying couse last	(c)_		ITHI	ASIS CHOLEC				EARS
ORDS, 2	een signi it. Then ior to bu	SC.	PART 2 OTHER SIGNIFICANT ONGESTIVE HEA	ART FA	ILURE		NOT RELATED TO THE TERM N WAS PERFORMED				
TAL REC	The low crion. te has basis permanent giene progreme pro	CERTIFICAT	21g. ACCIDENT WAS UNDERLYING		15	OPERATIO		200 AUTOPSY?	IN CERTIFY II		
N OF VI	rSICIAN. ing phys certifica urial-tran hental Hy	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
DIVISIO	ING PHY After this as the bu Ith and M	MED	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
	ATTEND ospital o ECTOR: . d for use it. af Heo m 21 is m		220.1 certify that (1) (this hospi saw the deceased also as above, (1) (see add) (did no	tol) attended the	ne deceosed from_ 19_		d that in (my) (aur) opinion (8.7, 19 ite and hour a	nd from the c	
	the he h		22d. PHYSICIAN'S NAME (TYPE O	1.0	Vann	~	ATTENDING PHYSICIAN [MEDICAL STAF	FIAN	Sh	ray 87
	TO HOSP etbined TO FUN thould by with the		ARLTOSTAMM ,	MAJ MC			KACH FGGM,		5800		
	BP		BURIAL, CREMATION, REMOVAL SPECIF BURIAL UNERAL DIRECTOR 601 S	5/13/	87 A.1	cling	ton Nat'1Ce	m. Arling	ton A	rling	ton Va
	DHMH-16 50M 1/81 (VRA 15, 4)	29 [1	FLECK FUNERA				25a DAT	AY 1 3 1987	256 REGISTRA	SIGNATO	Rindres



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STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR				CERTIF	FICATE OF DEATH	O / REG.	NO!	4 / 7	0
	CEASED NAME SH PRINT)	Domin	1	hn San	tarr	naria	IN DATE OF DEATH	номи	1987	72CpA
3. SE)	M ale		XXXXXX C	aucasian	MONT		85	YRS.	PURDER LIBERT	# UNDER 24 HEIL HOURS WINL
-	RTHPLACE ISLANDS COUNTRY		LLS A	HAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Anne A	OK COUNT	LE CO	- MC
C	ROSTON	4	Ceolt	EN COMP STREET AND	bess !	or OTHER INSTITUTION	17s USUAL OCCUPA (1996 OF WORK FOR MOST Postal Sec	OF WORKING U	HET INDUSTRY	r Business or vernment
Maj	ryland	TIDE COUR		ISCUITY OR TOWN	MESKON	YES NO [ton Pa		21114
	Mario			taMaria	MO TOIR	Angela	HIDDIE		Ga	eta
	VAS DECEASED EVER ISS. NO DE UNENDWHI NO		PE WAR OR DATES	124-14-2		Robert Etkin	s same as			MATE INTERVAL DWSET AND DEATH
	Conditions, if any gave rise to im- couse (a), stati- underlying couse	mediate ng the last	DUE TO, OR	AS A CONSEQUEN	CEOF	-O'		10		
CERTIFICATION	194 DATE OF OPERA	t-ple	Topa	noor	was	NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY7	20s. IF YE IN CERTI	S, WERE FINDE	VG5 USED
MEDICAL CER	214 NOURY OCCUR	CAUSE OF DE- CALEBAMINE RED	P.A.	M. MONTH DAY	19	THE LOCATION SHEET		- 13	CONNECT TO	STATE
	224 S certify that (I) saw the decease obove, (I) 224 SIGNATURE	(this hosp	tal) studied the	19	-120	nd that in Japy) (our) opinion DEGREE	1		THE R. P. LEWIS CO., LANSING, MICH.	
	ERPOL	AME ITHE	2 Hill	LP MD	3	ATTENDING PHYSICIAN C	MEDICAL PHYS	MEIAN []	goon 8	~ wo
Re	unial CREMATION.		MAY 29			ns Cemetery	Queens,			ew York
	eall Funer	al Ho	me)	16000 Anna Bowie, MD		1s Road 154 DA1	3 1987 A		TRAFS SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

tu seri-lep-20 fe piece letes - -Anico y agent porcers que. Ta con tota Calamida anna cua grava Cold as smeal metalis resides, cold-discuss - - -demontal fruitation of the figure of the court of the cou hies allegamic cools and his high Real Frances Home & Bowlin, his 2027-2045 in the case of

FOR

-, STATE

MEDICAL

MPORTANT:

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

16	B ZREG. NO.	2	1	9	1
	May 19, 19	87 ^{DAY}	YEAR	26. HOU	P
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	70 _{YRS}	MONTHS	DA15	HOURS	MIN.

	REGISTRAR						REG. NO).	State /	
	PE OR PRINT) JO	FIRST hn	Marti	n Sav	reles	si Ci	May 19		7	26. HOUR
3. S	Male		Caucasi	on.	5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN		S.A.	A	NEVER MARRIED	9 BALTIMORE CITY OF Anne Arun	R COUNTY	OF DEATH	
100	city or town of de. Annapolis	ATH		HOSPITAL, NURSING		ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF MOST OF MACHINIST	ON E WORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS O
	Nat residence (15 NURS Maryland	136 COUP A.A.	VTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWE Annapol	N	136 INSIDE CITY LIMITS?	13 SIREE APPRESS	ZIP COPE	y Dr. 2	21401
) 14. F	John M.	Sav	eleski	LAST		is. mother's maiden na Helena	WE	Ni	ner LAS	1
160	WAS DECEASED EVER (YES, NO OR UNKNOWN) YES		MED FORCES?	214-07-60		Margaret Sa	ADDRE veleski (Sa		Above) # 13e
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per ED BY: TE CAUSE (o)		77	overal for	ilme		BETWEEN O	MATE INTERVAL ONSET AND DEATH
13	Conditions, if ony		DUE TO, OI	R AS A CONSEQUE	NCE OF	Disets Mille	45			
	couse (a), statir underlying couse	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
NOIT	PART 2 OTHER SIGI	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	OITION GIVI	EN IN PART TO	
TIFICAT	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

AT HOME, STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from,

that (I) (we) lost and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

22b. SIGNATURE

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death.

DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

COUNTY

LAVNER

22e ADDRESS

211 LOCATION

230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR ROBER

23c NAME OF CEMETERY OR CREMATORY Veterans Cem.

23d. LOCATION Crownsville,

COUNTY STATE A.A. MD

SEVERNA PARK, MD. 21146

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 7 1087 Julia Section R

		STATE OF MARYLAND
53576 HIV 1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 1 2 / 9 8
00010111111	G/ REGISTRAR	REG. NO.
n €	1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH GAY YEAR 26. HOUR O
be 3 cept	R (D)	emary Sands Schaub 5-128/6.am
001	3. SEX	4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
- A B	remale	White 7-13-17 67 YRS
4 3000	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
to the state of	West Virginia	
111112	10. CITY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2 2	Hnnapolis	Home trundel General Hospital Homemaker Home
2 3 3	130 STATE 136 CC	
NA STATE OF THE ST	m_D ϵ	H. Crambrills YES NOW BOX 28-21054
1 19 10	14 FATHER'S NAME	MPDLE LAST FIRST MIDQUE LAST
* 5 500	(U) (I) (A M)	Hupp Sands Centrade Christine Dubois
See of the last		GIVE WAR OR DATES) STORIG THE LA LIGHT LA LIGHT
4 6 4	140	D 18-18-146 Renton A Schaub, Ir-Crownsville MD 21632
Man ham	PART I. DEATH WAS CAL	
TS THE PROPERTY OF THE PARTY OF	IMMED	DIATE CAUSE (o)
TO A STORY	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF Cardiningular delase 2 mg.
PRES	gove rise to immediate	(6)
3 5 6	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF Z MO
8 4 4 5	PART 2. OTHER SIGNIFICAN	AT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASS OR CONDITION GIVEN INPART TO
RDS.	0	Server Chronic ofstructive pulmonary disease
0 1 1 1 1	3 190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 201/ IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A September	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	YES NO YES NO
VIII.	OR CONTRIBUTION CALLER OF	LIGHT AND MONTH DAY MEAD
40 % PA	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M. 19
to the first of	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
DING or aff e os th outh o	WHILE NOT WHILE AT WORK	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Z - o o o o o	220.1 certify that (1) (this has saw the deceased alive	aspital) attended the deceased from 19 to
ATTE osspitte eCTC d for t. of m 21	above, (I) (we) (did) (du	not view the dady after ceath.
OR ATT he hospital DIRECTO ached fo Dept. of	226 SIGNATURE	DEGREE ATTENDING AMEDICAL STAFF 220. DATE SIGNED 8
by the Brote	22d PHYSICIAN'S NAME (IV	PHYSICIAN DIRECTOR PHYSICIAN 7
O HOSPITAL etained by the TO FUNERAL should be detained by with the State with the MapoRTANT.	P. I Prov	120
TO HOSP retained TO FUNE should be with the Simple Port A		
	236. BURIAL, CREMATION, REMOV	CITYORITOWN 3 COUNTY STATE
BP	24 FUNERAL DIRECTOR	110 DATE REC'D. BY REGISTRAN 250, REGISTRAN SSIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME	ADDASS MAY 1 4 1007
(*10, 10, 4)	India Inve	nal Chapel-Honapoles MU 1 mm 12 1901

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Singleton Funeral Home, Glen Burnie, Md.

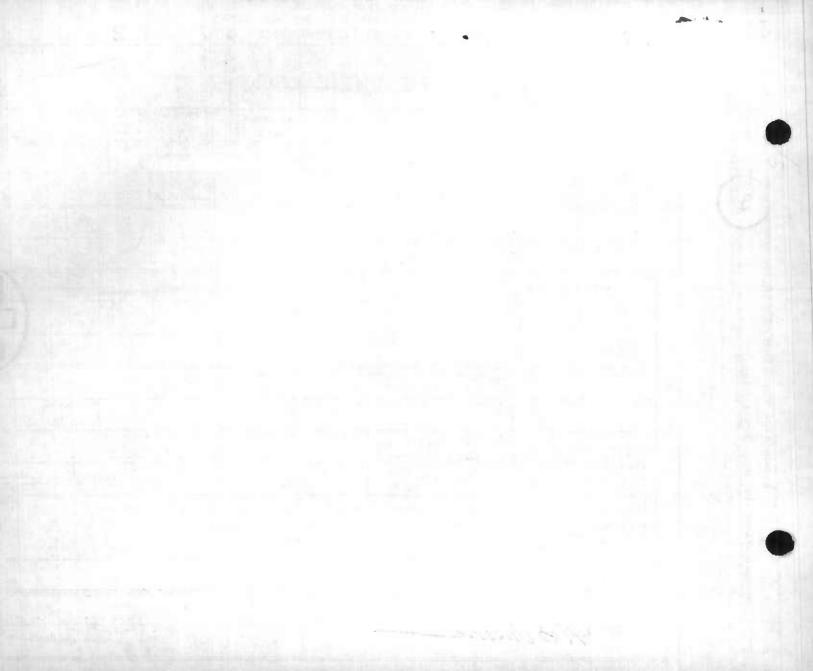
(VRA 15, 4)

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Tributa Jespither Biston AT 1980E LBUMBE HISPITAL Silventer Court (1212 See M. 1960 E. Chamber Cool Street Street 45 Carlotte and the Control of the C

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE AD DATE KNOWN MONTH
ESTITED 5-27-MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME TTYPE OR PRINTS Kav Seifert Freda 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY 1:00A PRONOUNCED August 30, 1942 44 YRS DEAD Female White 19 87 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Ohio DIVORCED X Anne Arundel County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE)
Admission Hospital Glen Burnie North Arundel Hospital SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS | 13d | INSIDE (1TY LIMITS? | 13e STREET ADDRESS | 477 | Mainview Court 136 COUNTY Glen Burnie Anne Arundel 21061 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Fred Jarrells Cooper Hazel 17 INFORMANT (Daughter) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO. OR UNKNOWN) Sandra J. Moore 214,40,1202 Same as #13 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Cervical Trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 MER: THIS CER.
JE CORWARDED TO THE C.
CTOR: PAGE 3 SHOULD BE USED.
CSTATE DEPARTMENT OF HEAD.
ONLY PRIOR TO BURIAL, C. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🐼 NO T 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10:32PM 5-26-19 87 Driver of auto struck by another auto CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 FR STREET, FACTORY FARM ETC) Rt. 2 South and Dorwood Road, Anne Arundei Areco WHILE AT WORK Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident X death resulted fram-Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNED 5-27-87 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. (TYPE OR PRINT) 111 Penn St. Balto. MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY May 29, 1987 Glen Haven Mem. Park Glen Burnie Burial A A Co. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Devideon Randallo **DHMH** - 17 Glen Burnie, Maryland (VR A15 ME (5)) Singleton Funeral Home

STATE OF MARYLAND



				STATE OF MARYLAND .	
		12-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
535	7 5 HAY 15		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No. 2	801
000	0 181 10		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN X MONTH	DAY YEAR 20 HOUR
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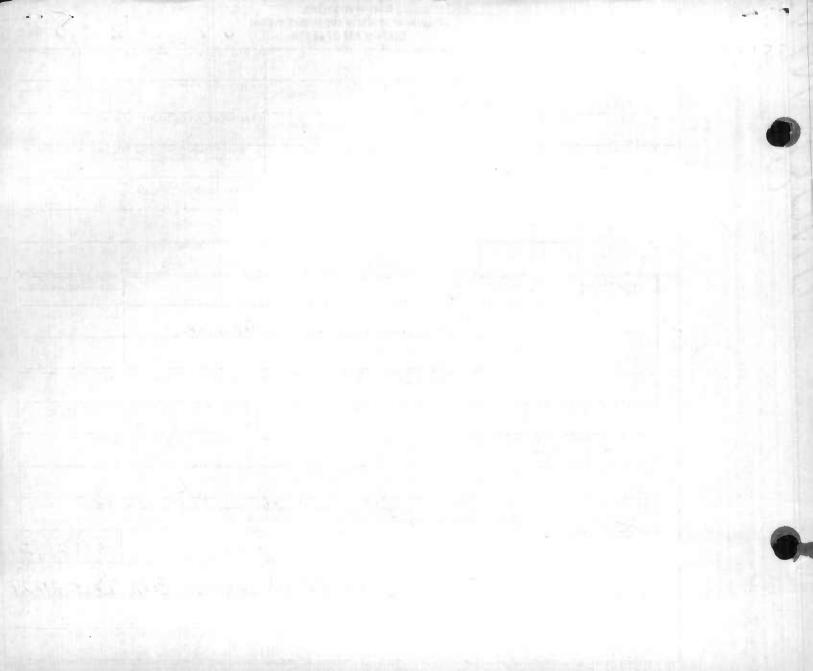
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYGAR IF LINDER 2 . ME YEAR M BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED XX NEVER MARRIED COUNTRY WEST VIRGINIA ANNE ARUNDEL U.S.A. WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR HOUSEHOLD GENERAL HOSPITAL ANNPOLIS 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 134 INSIDE CITY UMITS? FREDERICK AVE. SHADY SIDE MARYLAND A.A. 4718 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE DALLAS E. RUSSELT COSTELLA WINFIELD 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) (YES NO OF UNKNOWN) SHADY SIDE, MD 578-40-0288 MILLARD E. SHOEMAKER 18 CAUSE OF DEATH (Enter only one couse per tine for (a) (V), and (C) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PA (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN STATE STREET WHILE NOT WHILE 77s.1 certify that (1) It is hospital) attended the deceased from_ and that in (my) our) apinion depth occurred on the date and have and from the causes stated DEGREE ATTENDING / MEDICAL STAFF PHYSICIAN C DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY DAVIDSONVILLE 5/30/87 LAKEMONT CEMETERY BURTAT 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR THE RECIS TAR A SIGNAL AND DHMH - 16 60M 7/B4 HARDESTY FUNERAL HOME ANNAPOLIS, MD (VRA 15, 4)

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(VRA 15, 4)

CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR MONTH nicoe 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 31 Bunche Street JONES Annapolisado Mos. 21401 GLENDORA SISCOE 31 Bunche Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) HILL CREST CEME Annapolis 250 DATE REC'D. BY REGISTRAR 256. REGISTRAP SS GNATU Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY DE P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS 2d HOUR DATE PRONOUNCED White Male 5 YRS DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED X DIVORCED Anne Arundel Co ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Self Employed Bricklayer Village 13d. INSIDE CITY LIMITS? NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Smith Harry (Daughter) ADDRESS 112 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) Glen Burnie, Md. 21061 212.14.2612A Deborah A. Bush 18 CAUSE OF DEATH (Enter only one cause per line for (PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUEN Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO OR AS A CO lying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. 0. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING RWARDED TO THE CITE PAGE 3 SHOULD BE US CTATE DEPARTMENT OF YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 71d. INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection 2 Natural causes Accident Suicide Hamicide ___ Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial May 27, 1987 Glen Haven Mem. Park Glen Burnie A A Co. Md. 07/84 25M 24 FUNERAL DIRECTOR 254 REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Home Glen Burnie, Maryland (VR A15 ME (5))

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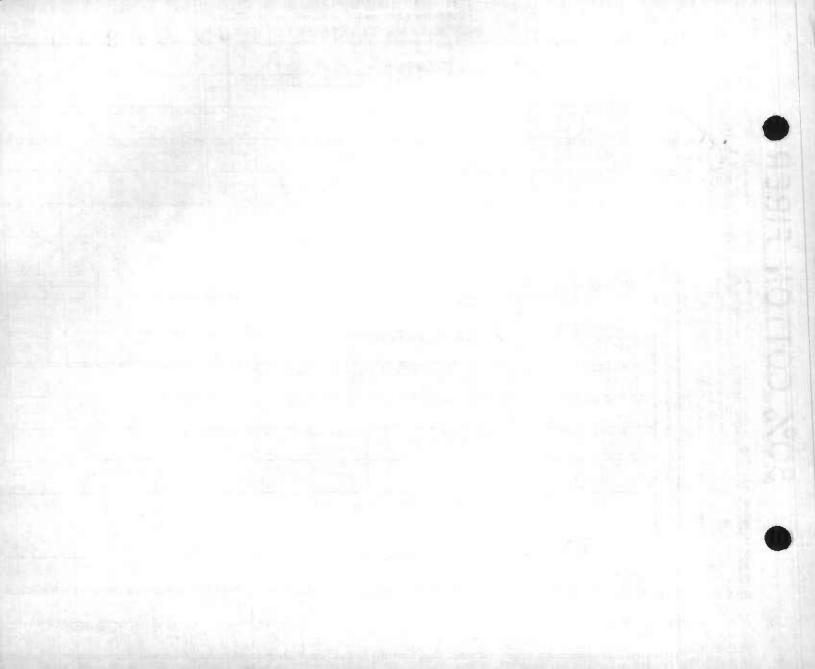
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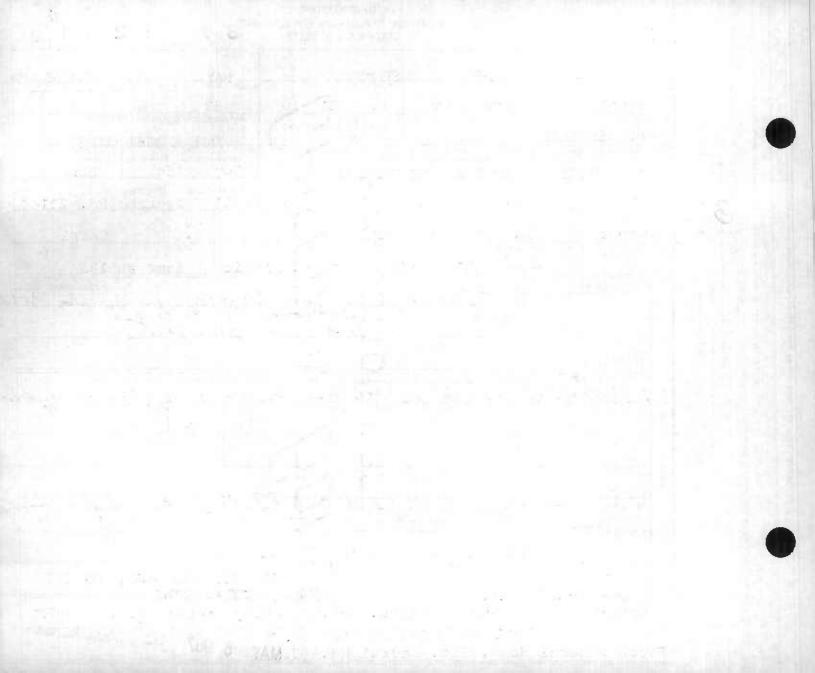
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR REG. NO P. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-5-21-87 DEATH MATED FCTOR. HOURS STREET, WELLES CHANDLER SOLOMON 4 RACE SEX DATE OF BIRTH IF LINDER 24 HRS DAY 2d HOUR DATE PRONOUNCED 5-22-8719 male black 13 1953 34 DEAD 7:50A YRS BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County II S DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Severn U. P. S Oueenstown Park SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore 3708 Barrington Road 21215 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDGLE Solomon MIDDLE Zaddock Mae Bess 17 INFORMANT IM. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! 217-62-1519 Jovett M. Soloman 3708 Barrington Road CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT FERMI OF HEALTH AND MENTAL POPER PRIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (o)_ Perforating gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED

AFFER DEATH, WITH THE STATE DEPARTMENT OF HE BARTMORE, MARYLAND, 21201 FROSELO BURIAL, HEAD ONLY THOTHER PRINTURY BANGETH DA SAM PAS - 21-87 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING BOR subject shot self CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION AT WORK AT WHILE CITY OF TOWN in front seat Oueenstown Park Severn, Maryland 220 1 certify that I took charge of the remains described above, held a Inspection and in my apinion Suicide X death resulted from. Natural causes Accident Homicide ___ Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy Chiefical EXAMINER SKINATURE 5-22-87 EXAMINERS NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 111 Penn Street ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 5/27/87 Garrison Forest Vet Owings Mills Md . 07/84 BP 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm. C. March F/H West 4300 Wabash Avenue **DHMH - 17** (VR A15 ME (5))



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	Page 1	TO BIRTHPLACE ISTATE OF FOREYON IN CITIZEN OF WHAT COUNTRY? IS
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	hur de	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
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ARYI	within 1	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
	p d d	Luther L. Higginbotham Mary E. Carrl
BALTIMORE,	Pages	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
MIL	اه من ه	no 212-34-2829 Mary E. Minnick same as 13e
B A	a physici an paper emaval. event, th	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:
ST		IMMEDIATE CAUSE 10) I Mines for all venced large (eff (good) so solver 31
O	attendin nave carb atian, ar traumatic	DUE TO, OR AS A CONSEQUENCE OF Carcinoma to the line
RES	afia afia	Conditions, if ony, which gove rise to immediate
W. PRESTON ST	of the se rem crem ather i	couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
	s the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DS,	signe hen p ta bu	
Ö	been mit. I prior	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100. IF YES, WERE FINDINGS USED
28	has has	Collection The chief Marie Mar
/ITA	ransit Hygin	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
40	Clarification of the model of t	CA COURT OF STATE OF STATE AND MONTH DAY TEAK
ON	HYS nding the the	21d INJURY OCCURRED 21e. PLACE OF INJURY 71f LOCATION
DIVISION OF VITAL RECORDS, 201	os the thank	WHILE NOT WHILE AT WORK AT WORK AT WORK
۵		270 I certify that (I) (this hospital) of ended the deceased from Charlet 1, 19 1, 16 10 1 19 1, that (I) (we) la
	ATTEND aspital a CTOR: A for use d for use n 21 is m	sow the deceased alive an 19 fam that in (my) (and approximately and the date and hour and from the causes stated above, (1) (wo) (did not) view the body after death.
	he he he	276. SIGNATURE DEGREE 276. DATE SIGNED
	· · · · · · ·	ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN
	HOSPITAL ined by the FUNERAL wild be detailed to the State ORTANT:	274 PHYSICAN'S NAME (APE OR PRINT) 276 ADDRESS 3450 FT. MEADE ROAD, ROOM 207
	TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:	DO USIN DENG M.D. LAUDEL MADVIAND 20707
	T 0 F 2 2 5	236. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 TOCATION Balto. Wash. Crematory Laurel P.G. Md. Md. STATE
	BP	
1 1	DHMH - 16 60M 7/84	Fleck Funeral Home, Inc. Laurel, Md. 2070MAY 6 1987
	(VRA 15, 4)	Fleck Funeral Home, Inc. Laurel, Md. 2070 MAY 6 1981



					STAT	E OF MARYLAND				
W.	1.	FOR STATE		DEPAR		EALTH AND MENTAL HYG	IENE	12	8	
	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).	· ·	
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you	3 SEX	TA TIENOL	4. RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	ICER I YEAR	IF UNDER 24 HRS
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2 240 -/-	7 BIR	THPLACE ISTATE OR FOREIGN		WHAT COUNTR	Y2 8.	_	9 BALTIMORE CITYO	R COUNTY OF	DEATH	
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1 100		Y OR TOWN OF DEATH	U.S.A		WIDOWI	DIVORCED DIVORCED	FINAL AM		7h KIND OF	BUSINESS OR
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KA 作人	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		IAST	
W TONO		lliam ""		Kelly	,	Lillian			Littl	.e
or cecul		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT (Dau	ghter) ADDRE	SS 116 M	idland	Road
ALTIMORE if he execution and coest. Pages)		NO N/A		220-78-	5556	Mrs. Judy A.	Boyer	Glen H	Burnie	Md.
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phy phy mpo		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	PNEUM	, AINC	LEFT BASE			3 W	FEKS
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Con Tier Tier Tier Tier Tier Tier Tier Tier	ATK	190 DATE OF OPERATION	1			N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE		
REC nos b	ERTIFICAT						YES NO	IN CERTIFYING		OF DEATH?
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	10	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH						
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OR Poche		276. SIGNATURE	. +	mX		DEGREE ATTENDING	MEDICAL STAF	F	22c. DATES	IGNED
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5 5 5 4 3 3	23a B	URIAL, CREMATION, REMOVAL	236 DATE	2:	NAME OF	EMETERY OR CREMATORY ill Cemetery	23d. LOCATION	ro	DUNTY	STATE
BP	1	PECIFY) Burial	May 6	87	edal n		Brooklyn !	Park, A.	.A. M	Marylan
DHMH - 16 50M 4/83	24 FU	NERAL DIRECTOR			and Ave	. S. W. 250 DA1	E REC'D. BY REGISTRAR			
(VRA 15, 4)	Si	ngleton Funera	1 Home			Maryland	LAV 5 1987	(lieu D	condum.	1

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STATE OF MARYLAND

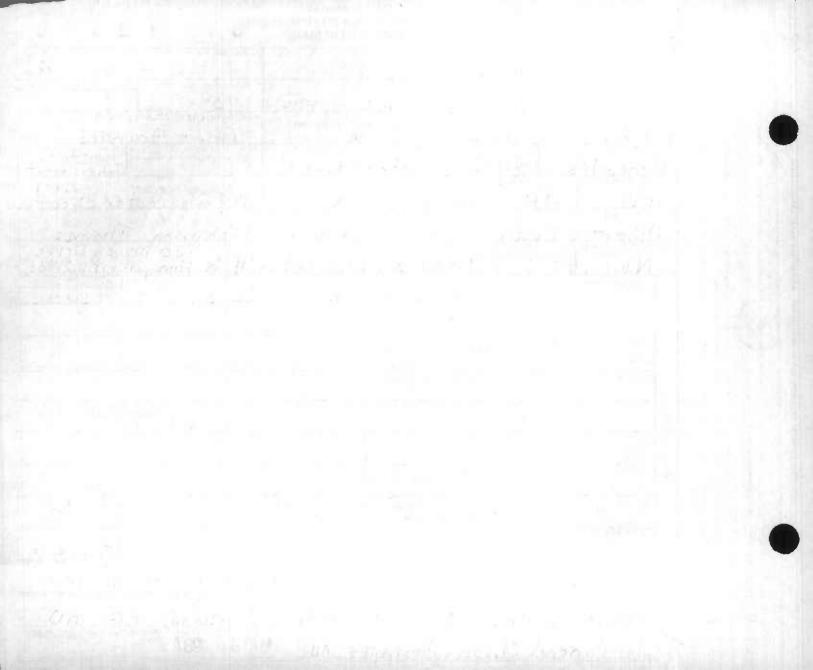
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	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	BIENE 8 / REG. NO. 1	2812
1		EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1,1111363	HAROL	D LEROY	STAR	RKS	May 27, 19	987
	1. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1		Male	White	Mar	ch 28, 1913	74 YRS	MONTHS DAYS HOURS MIN,
4	/e. 819	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	-	Ohio	USA	WIDOWE	_	Anne Aruno	del MD.
1	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUPATION	IZE KIND OF BUSINESS OR INDUSTRY Crown Cork
у	G1	len Burnie	309 West Fur		Branch Road	Machinest	and Seal
ć	13, 5	RESIDENCE OF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134 CITY OR 10 Arundel Glen Bu	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COU 309 West Furance	DE 21061
H	III FA	THER'S NAME		7	15 MOTHER'S MAIDEN NA		e Dianon Road
O	3	John 1	MIDDLE LAST	als o	FIRST	MIDDLE	LAST
-	160 W	/AS DECEASED EVER IN U.S. AR	H. Star		Kate	Vife) ADDRESS	McAdams
		ES, NO OR UNKNOWN) (IF YES, GIT WWII)	T 270.03	4057	Arla M. Star		#13
Ø	-		nly one couse per line far (a), (b), 6		tarra arr bear	The Bulle do	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	ED BY IPH ALIA	resp	erstorn 1	rest	BETWEEN ONSET AND DEATH
1		IMMEDIA		-	1	4	
		Conditions, if ony, which	DUE TO, OR AS A CONSEO		more estra	inharet-	
Н		gave rise to immediate cause (a), stating the	107		1 carrette	1100	
ı		underlying couse last.	DUE TO, OR AS A CONSEQ	hero	collisses		
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J	8		swere,	Douck	cter		
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED TEYING CAUSES OF DEATH?
Ч	#						YES NO
Š	8	21a ACCIDENT WAS UNDERLYING		DAY YEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
7	ZA.	OR CONTRIBUTING CAUSE OF DE	8111	19			
	EDK	214 INJURY OCCURRED	216 PLACE OF INJURY	FARM STC	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE	FARM, ETC.)			
1			ital) attended the deceased fram	7	19.85		, 19 27 , tho (11) we) last
ł		saw the deceased alive or abave (Universidad) (did no	at hiew the bady after death	87.0	nd that in (my) (aur) apinion	death accurred on the date and ho	our and from the causes stated
i		226 SIGNATURE	- 4.		DEGREE		221. DATE SIGNED
Ú		1/20	James	-	ATTENDING PHYSICIAN E	DIRECTOR PHYSICIAN	5/27/87
ì		22d. PHYSICIAN'S NAME (TYPE	OR PRINT		22e ADDRESS		
		Dr. James J.	Benjamin		653 Old Mill	l Rd. Millersvil	le, Md. 21108
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	13	Burial	May 30, 1987 C	Cedar I	Hill Cemetery	Brooklyn Park	
N		NERAL DIRECTOR	n//when		250 DAT	E REC'D. BY REGISTRAR 756. REGIS	STRAR'S SIGNATURE
U	Si	ngleton Fanera	1 Home, Glen Bu	rnie,	Md. MA	AY 28 1987 Julie	e Dioiden-Randall

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	1				STATE	OF MARYLAND					
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001 7 101 100		CEASED NAME FIRST		AIDDLE		ST	2a. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR 3
nay be page 3	(TYPE	ORPRINT) MART	HA J	OS EPHIL	36	STEMP		4	5 8	87	12 30 AM
ma)	3. SE	<u> </u>	4. RACE		5. DATE O		6. AGE I	IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
rs off	F	emale	11161-	top	Sect	9, 1914	1	2	YRS.	MONTHS DAYS	HOURS MIN.
Poor dir	70. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTI	MORE CITY O	R COUNTY	OF DEATH	
the orange of the state of the	K	lingis	USI	2	WIDOWE		5 6	lone	An	indel	MD.
The second second	10 C	TY OR TOWN OF DEATH			NG HOME O	ROTHER INSTITUTION		AL OCCUPATI	ON	126. KIND C	F BUSINESS OR
	10	Innapolis	207 G	HEACILITY, GIVE STREET		Street	(TYPE OF V	VORK FOR MOST O	• WORKING LIF	10	nment
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours spicion and completely filled in by appers. Pages 1 and 2 should be fille vol. 1, the medical examples must be not t, the medical examples must be not to the medical examples of the fille to t	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	SIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	112 STORE	T ADDRESS	7 7 IP CODE		21401
CICE 5 5	(ND A	A.	Annapo	1 0	YES NO	261	16/1	1005	ter S	treet
ithir ship	14. FA	THER'S NAME	WIDDLE			15. MOTHER'S MAIDEN	VAME	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MARRY MARRY	1	111	ea h	Carri	ev	Anna	Di	CKINS	ion	Thom	na s
RE,		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17. INFORMANT		ADDRE	So De	eney T	Drive
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Att the the the the the the the the the t		18 CAUSE OF DEATH (Enter or	ly one couse per	line tor (a) (b) or	nd (c) i	CHZGOETI	1.10111	<u> </u>	metho		IMATE INTERVAL ONSET AND DEATH
400		PART I, DEATH WAS CAUSE		Moto	tati	Rockel	Con	1100		DETWEEN 1	A C C L
ON ST.		IMMEDIA			71000	- Pecaa		N Cary			Jan .
o c c c c c c c c c c c c c c c c c c c		Conditions, if any, which		R AS A CONSEOU	ENCEOF						
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any nijury	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AL	JTOPSY?	206. IF YES	, WERE FINDI	NGS USED
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sicial sicial sicial short sho	E .	21g. ACCIDENT WAS UNDERLYING	216. TIME OI	FINJURY		21c HOW INJURY OCC				the special section is a second	140
PHYSICIAN: T ending physici this certificate to buriol-transi ad Mental Hygi d or Item 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.A	M. MONTH D	AY YEAR		(11112	THATONE OF HAZON			
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE C		19	21f LOCATION					
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Dig Dep		(1000x 4)	1110			ATTENDING	MEDIC	AL STAF	F	4	2/A
by the by the ERAL E detection of the ANT. I		22d. PHYSICIAN'S NAME (TYPE O	O PRINT)	CAL.		220 ADDRESS	DIRECTO	OR PHYSIC	IAN	17/4	187
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TO HOSPITAL TO FUNERAL should be det with the Stote	22. 5	SURIAL, CREMATION, REMOVAL			NAME OF C	UF TO COUNTY	V Land	CATION	11101	VIII.	14-00
D.D.	230. 6	SPECIFY)	23b. DATE	LOCA SC	4 7	METERY OR CREMATOR	7 230 10	ITY OR TOWN	1 (COUNTY	STATE
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DHMH - 16 60M 7/B4		NAME	0 41	A APPRESS	le-	1	MAY 1	4 1007	Jul	KWK 2 SIGNĂI	plande
(VRA 15, 4)	110	ylor lunera	y char	eel- Hni	napor	IS MU	WILLI T	1901	100		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT) CLYDE STEWART 03, 1987 MAY 1000 AM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY) October 16, 1908 Caucasian Male 6. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland United States ANNE ARUNDEL COUNTY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Truck Driver Transfer BALTIMORE, MARYLAND 21201 Pasadena 152 Rivera Dr. 13d. INSIDE CITY LIMITS? 21122 Maryland Anne Arundel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Maurice Stewart Theresa Burns ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Betty J. Higgins Same as 13a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to aly(b), and ici PART I. DEATH WAS CAUSED BY years DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attempted the deceased from saw the deceased alive an obave, (I) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MPORTANT 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 300 HOSPITAL DRIVE LONG S. HSU M.D GLEN BURNIE, MARYLAND 21061 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial May 7, 1987 Glen Haven Mem. Park Glen Burnie Anne Arundel MD 24 FUNERAL DIRECTOR STRAN SH. DEGISHRAN'S SIGNATURE 3204 Mountain Rd. DHMH - 16 60M 7/84

Pasadena, MD 21122

McCully Funeral Homes

(VRA 15. 4)

STATE OF MARYLAND

LYME K STEWER DOOR NOW - 05, 1987-1000 A

YIVDO, JAGRURA BIRA

GLEN BURNIE WIRTH ARUNDEL HOSPITAL STREET RIVER OF

BYING JAYINED DUE

SLEV BURVES, AVER VINE FEBRUARY

RETELLING PRESENTED TO BEEN BUILDING STANDARD VILLED BUILDING

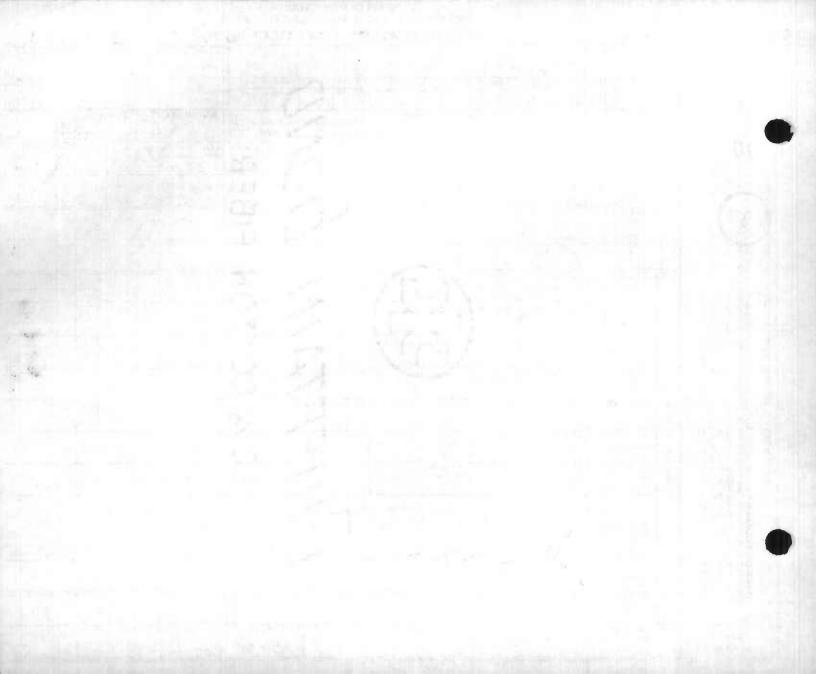
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DIVISION OF VITAL RECORDS,

(VRA 15, 4)

TANK TO THE TANK

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN & (TYPE OR PRINT) ESTI-DEATH MATED 5-21-8719 DAVID TALAK 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. DAY SEX IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAYS PRONOUNCED Caucasian July 14,1941 DEAD Male 45 YRS 5-21-8719 8:58R Th CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY DIVORCED Anne Arundel County Pennsylvania **IISA** WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Anne Arundel General Hospital Annapolis Manager Auto Dealership ISSUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13c CITY OR TOWN YES XX NO 622 Evergreen Road 21032 Anne Arundel Crownsville Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Kapraszewski Angela Talak Chester 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 190-32-9834 Susan S. Talak-Wife Vietnam 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [WENT CO BUILD 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR HOUR A.M. MONTH DAY YEAR subject hanged self CONTRIBUTING CAUSE OF DEATH 4:30PM 5-21-87 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) 622 Evergreen Rd. Crownsville, Maryland WHILE AT WORK home TO MEDICAL EXAMINES IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM AFTER DEATH, WITH THE STANDORF, MARYLAND 2 Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Inquiry death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNED 5-22-87 Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Ann M. Dixon, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 27,1987 | Calgery Cemetery Burial Pittsburgh, Pa. 07/84 24 FUNERAL DIRECTOR N. Elachko Funeral Home 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 3447 Dawson Street Pittsburgh, Pa.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 2a. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR LIYPE OR PRINTS & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IE LINDED I VEAD IF LINDED 24 HOS BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF INDUSTRYBOATO. GO 13a. STATE 136 COUNTY 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT same as (YES. 40 OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: W/00 IMMEDIATE CAUSE (a). wany MICHAYU Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR ASMA GONSEQUENCE OF underlying cause JECKY DYONG ivorie PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (the harmon) attended the deceased from and that in (my) (aux) apinian death accurred an the date and haur and from the causes stated DEGREE 22c. DATE SIGNED 17 SIGNATUR ATTENDING 4 , MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS CREMATION, REMOVAL 23b. DATE DHMH - 16 60M 7/84 hapel- Anna potis, mi (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

IF UNDER 1 YEAR

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CEASED NAME	FIRST MIDDLE	LAST
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(4 RACE	5. DATE OF BIRTH
STAN	BT. A CV	MONTH DAY

20 1985 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION

MIDDLE

& AGE (IN YEARS LAST BIRTHDAY)

12b KIND OF BUSINESS OR

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

TYPE OF WORK FOR MOST OF WORKING LIFE! 13d INSIDE CITY LIMITS?

NO

MAMTE

130 STREET ADDRESS 15 MOTHER'S MAIDEN NAME

166 SOCIAL SECURITY NO

17 INFORMANT

Annapolis ADDWINS 21401

ANDERSON

JOYCE 16 Lafayette Avenue

DUE TO, OR AS A CONSEQUENCE OF

NOW

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART) OR PART 2)

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [

YEAR

211 LOCATION

CITY OF TOWN

NO |

DEGREE

. ADDRESS

and that in (my) (our) opinian death accurred on the date and have and I om the causes stated

COUNTY

24 PHYSICIAN'S NAME (TYPE OR PE

BURTAT,

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

73L NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF

COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be with the 0

> Annapolis, Md. 21401 REESE & SONS MORTUARY, P.A.

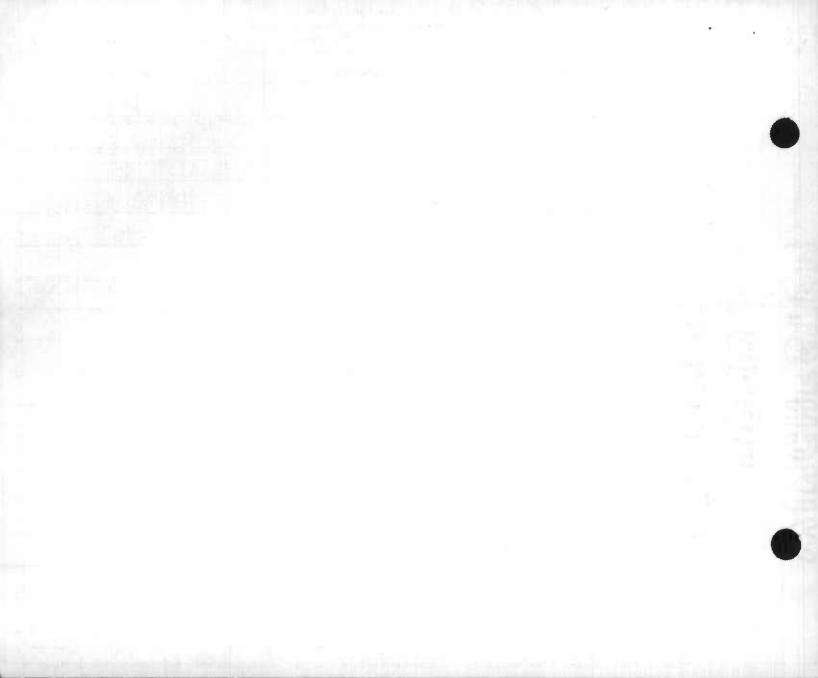
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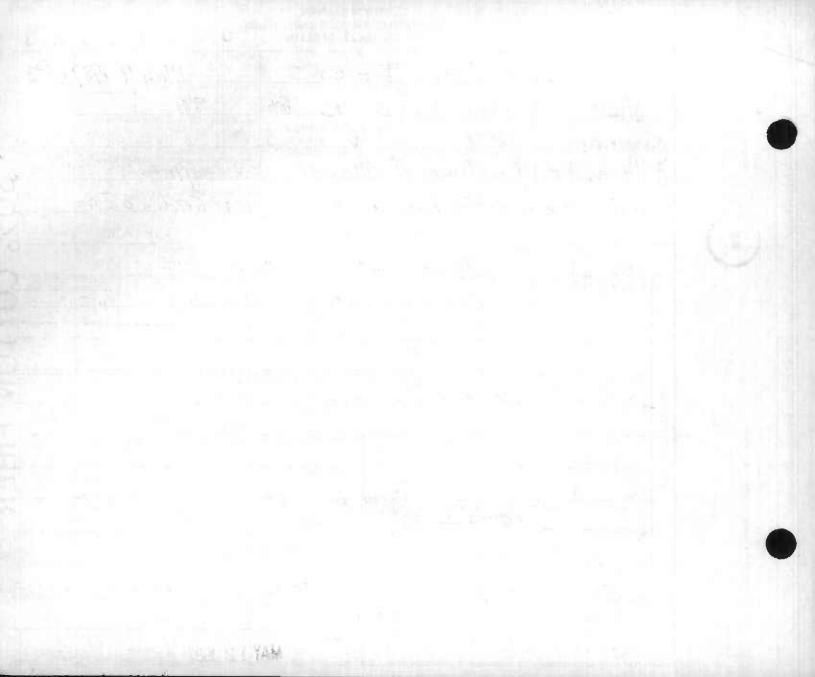
22c DATE SIGNED

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th 72 2		OUNTRY) Penns.	USA	WHAT COUNTRY?	MARRIEL WIDOWE	NEVER MARRIED -	Anne Arundel Co. MD.				
of the	C	rownsville	1157	Bacon	Ridge		120 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Housewif	F WORKING LIFE)	126 KIND OF INDUSTRY Househ	BUSINESS OR	
AND 213	13a S	TATE Md. 136 COU	ROTHER INSTITUTION	13c. CITY OR TOV	/N		136 STREET ADDRESS 1157 Bac	zip code on Ric	ige Rd	1032	
MARYL ed within	14. FA	THER'S NAME Louis	MIDDLE	hade1 ^{'s1}		Is mother's maiden nam Lena dest	MIDDLE	Beck	LAST		
ORE,	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?			17 INFORMANT	ADDR				
TIM		res, no or unknown) (IF yes GI		213740	769	John P. Tig	gue S	ame as			
ST.,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause pe ED BY. TE C AUSE (a)	CVA	id (c).)					ATE INTERVAL NSET AND DEATH	
DS, 201 W. PRESTON ST., quires that the death certification by the attending phen please remove carbon to burial, cremation, or remijury, or other traumatic even	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, (c)	OR AS A CONSEQU	ence of	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	IN PART I to		
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ENDI ol or OR A Heol		220 I certify that (I) (this hasp saw the deceased alive or above, (I) (w=) (did) (did no	1	19_		d that in (my) (our) opinion d	eath accurred on the d	ate and hour a		nat (I) (we) last ouses stated	
AL OR ATTI		226. SIGNATURE	Phot !	1	ma		MEDICAL STA		22¢ DATE S	IGNED	
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 6	Hardesty	Fune	ral Home	Anna	Md. MA	Y 26 1987	Julia D	ESPIGNATO	andres	



STATE OF MARYLAND OFOR" DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH LITYPE OR PRINTS 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH INTARE DE ADMIGN 7h CITIZEN OF MEVER MARRIED MARRIED L ARUNDEL COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY RESTAURANT OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13 COUNT 13d. INSIDE CITY LIMITS? NO M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PIRST MIDDLE MARY TSELEPIS UNKNOWN JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. HE YES, GIVE WAR OR DATEST DAISY D. SAME AS BUCLOUS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OFFICE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AL WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. and that in (my) (ear) apinian death accurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ould be o 22d. PHYSICIAN'S NAME 22e ADDRESS IMPORT, 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c NAME OF CEMETERY OR CREMATORY WODDLAND MEMORIAL 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AMBRIDGE. DHMH - 16 60M 7/B4 Funeral Home 15003 (VRA 15, 4) Deordern- Kandass



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	FOR 1 - STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	8 /	1 2 8	2 3
	REGISTRAR 1. DECEASED NAME FI	NIDDLE MIDDLE	LAST	REG. NO	ONTH DAY YEAR	2b HOUR
53256	(TYPE OR PRINT)	USSELL C	WADE	SR MAY	8, 1987	126 A
Page 4 may director, page hours offer de-	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE		IF UNDER 24 HRS
ge 4	Male	White	Oct. 1, 1906	80	YRS.	HOURS MIN.
h. Po	70 BIRTHPLACE (STATE OR FORE) COUNTRY)		TRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
de de de	Severn, MD	USA	WIDOWED DNORCED	120 USUAL OCCUPATION	EL COUNTY	MD.
by the	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE:	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS) EL HOSPITAL	(14PE OF WORK FOR MOST OF V	YORKING LIFE) INDUSTRY	BUSINESS OR
filled in	USUAL RESIDENCE (IF NURSING P 130. STATE 13b Maryland	OME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY AA Mille	rsville YES NO X	8322 Elvato	on Road	21108
mpletely and street	14 FATHER'S NAME FIRST Ira	MIDDLE LASI	e Alice	NAME	Duva	11
n ond co	160. WAS DECEASED EVER IN U	YES, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS		
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ples y	PART 2 OTHER SIGNIFIC	(c)(c)	TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDI	TION GIVEN IN PART 110	
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he low r on. hos bee t permit.	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	GS USED OF DEATH?
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OR AT OR AT DIRECT Ooched f	226. SIGNATURE	DL O I	DEGREE	G MEDICAL STAFF	22c DATES	IGNED
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BP	230. BURIAL, CREMATION, REA		236 NAME OF CEMETERY OR CREMATO Cedar Hill Cemeter		AA ATY	MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME James S	. Kirkley, Glen E		MAY 1 1 1987	REGISTRAR'S SIGNATI	RE

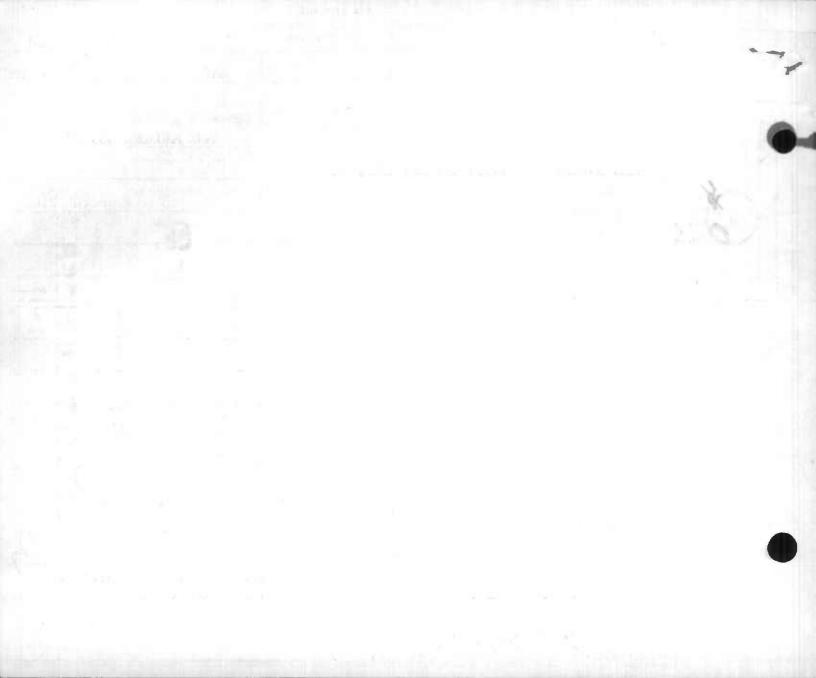
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MAGA CRAIN HIGHWAY, S. TSON.

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5 4 5 5 9 HA	1 27		FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO	1	2 3	2 EDT
-	ī		EASED NAME FIRS	T	MIDDLE	L	AST		20 DATE O	F DEATH A	HIMON	DAY YEAR	26 HOUR
moy be poge 3		(TYPE (ELIZAB	ETH Whe	eat	WAGN	IER		M	Y	22	, 1987	630 RA
moy pos	1	SEX		4 RACE		5 DATE C		YEAR	6 AGE (IN	YEARS LAST BIRTH	HDAY)	IF UNDER I YEA	R IF UNDER 24 HRS
s of			Female	Whi	ite	Feb.		1899			88 _{YRS}		
Pool dire	10		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 MADDIE	□ NEVER	MARRIED -	9 BALTIMO	ORE CITY OF	COUNTY	OF DEATH	
nero n 72	2/		ew Jersey	USA		WIDOWE		IVORCED	1	ANNE A	RUNDE	L COUN	TY MD.
er de for de	7		Y OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INS	TITUTION		OCCUPATION NOST OF			OF BUSINESS OR
by th)4		GLEN BURNIE	NORT	TH ARUNDE	L HOSE	PITAL _		Hom	emaker			n Home
212	24	13a S		COUNTY	13c. CITY OR TOV	VN			13e STREET	ADDRESS /	ZIP CODE	3 37	1 01061
AN ANA	ы	_		A Co.	Glen Bu	irnie	YES [NO 🔏		orchar	d Ko	ad Nor	th 21061
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed lines in other than serificate has been signed by the attending physician and conditional permit. Then please remove carbon poper. Proper in the line of the burnol-transation prints that Mental Hygiene prior to burnol, cremotion, or removal and Mental Schows one vinus, or other froumpile event.	21	FA	THER'S NAME FIRST William	MIDDLE	Mitch	nell		Alice		WIDDLE		WI	neat
R. H. C. B.	1		AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	(00.					Avenue
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O Aft			220.1 certify that (I) (this	hospital] attended t	he deceased from	W	23		, to	nes	11	1907	that ((we) lost
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R A hosy hosy cept.			226. SIGNATURE	SIG HOT! VIEW THE DOS	y driet death		DEGREE					22c DA	TE SIGNED
the Date Dorte Dorte Dorte D				/	M	200		PHYSICIAN 4	MEDICAL DIRECTO	STAF	IAN [M	8 73 00
TO HOSPITAL Interior by the TO FUNERAL Should be determined with the State in MAPORTANT. IF	7		224. PHYSICIAN'S NAME	(TYPE OR PRINT)		. *	22e ADDRE	78	345 OA	KWOOD	ROAD.	SUITE	204
O HC storne O Fu hould			CHARLES	T WIT MI	D					MARYLA			
Of Office of State of			URIAL, CREMATION, REM		230	NAME OF	EMETERY OR	CREMATORY	23d, 100	ATION		COUNTY	STATE
BP			Burial	May 26	, 1987	Glen H	aven M	em. Par				A Co.	Md.
DHMH - 16 60M 7	/B4		INERAL DIRECTOR	A. Hay	Phi DORESS				E REC'D. BY	REGISTRAR	4 . 1	TRAR'S SIGN	ATURE
(VRA 15, 4)		S	ingleton Fur	neral Home	Glen B	urnie,	Maryl	and M	AY 20	1987	Julia	100	

STATE OF MARYLAND



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2559 MY	1.	STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG	8 / REG. NO.	28	2 6
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earl. Po		HPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF	S.A.	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Anne Avu	ity of DEATH	MD.
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hat the death or by the otherdist case remove corb il, cemation, or other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_(R AS A CONSEC R AS A CONSEC	10 0	Structive	Rulmany	ye	~~;
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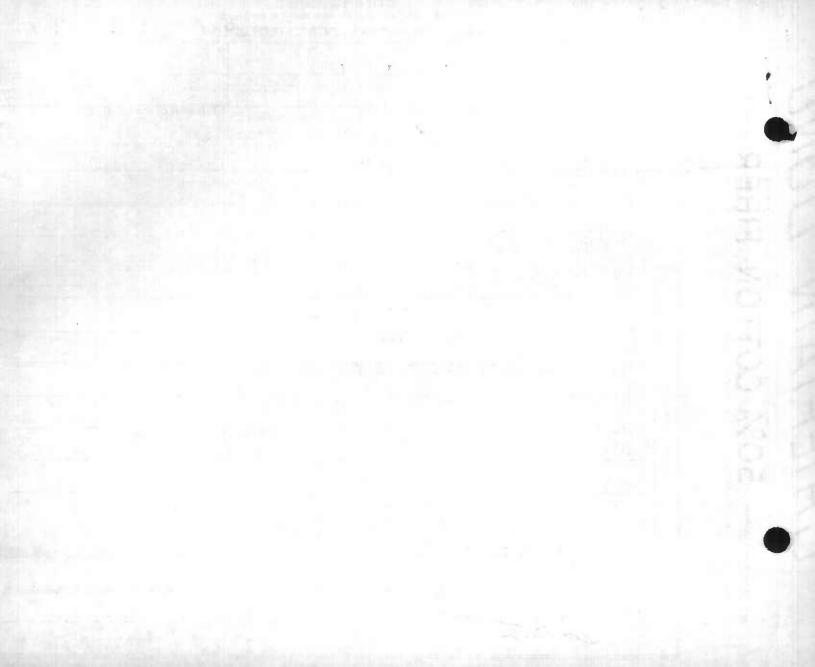
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DIVISION OF VITAL RECORDS,	D BE EXECUTED ENDING" IN P. MEDICAL EXA. AS A BURIAL-BATH AND ME. CREMATION,		PART 2 DINER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT REL	TED TO THE TERMI	VAL OISEASE	OR CONDITION	N GIVEN IN P	ART 1 (a).						
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLIMORE, M		EXAMINER'S N (TYPE OR PRIN	T) Ma	argarit	ta A. Ko	rell,M.	D	ADDRESS_	111	Penn	Stre	et	15 5		Elte	
	524548 _	23a. BI	URIAL, CREMATI	ION, REMOVAL			NAME OF CEM				23d. LC	OCATION OR TOWN		co	YTAU	SI	ATE
07/84	BP	Cr	remation		2/June	1987	Securit	y Pr			Cat	onsvi		Balt	. M	D	
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	(VR A15 ME (5))		Singleto	n Funer	al Home	e, Glen	Burnie,	MD		JUN	2	198/	1 1	1	To Re	122	



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or ottending physician.

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STATE OF MARYLAND

1	- STATE REGIS	RAR		DEFA		EALTH AND MENTAL	HIGHENE 8	REG. NO.	120	20
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3.	SEX		4 RACE		5. DATE C		6. AGE (II	YEARS LAST BIRTHDAY)	MONTHS DAYS	
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3 10	1 CITY OR T	OWN OF DEATH		OF HOSPITAL, NU	TREET ADDRESS)	OR OTHER INSTITUTION	ं भिनिम	LOCCUPATION ORL FOR MOST OF WORKIN K DRIVER	126. KIND INDUSTR	OF BUSINESS C
13	SUAL RESIDE STATE	A	WE OR OTHER INSTITUT		EFORE ADMISSION)	13d. INSIDE CITY LIMI	TS? 13e.STREET	ADDRESS / ZIP CO	ODE Ó	2140
1 14	FATHER'S	SAMUEL	MIDDLE E.	LAST	VELLS, S		ZABETH	BIDDIM	BADEN	AST
1 16		EASED EVER IN U.S UNKNOWN) (IF YE	ARMED FORCES, GIVE WAR OR DATE	5)	2-5155	17 INFORMANT TERSHETA F		lis, Md.	ndell As	
	18 CAI	TI. DEATH WAS CA	er anly ane cause AUSED BY: DIATE CAUSE (a)	ha of		i Colon	Carc	enous	-	NONSET AND DEAT
	gave cause under	tions, if any, which rise to immediate the state of the s	e DUE TO	, OR AS A CONSE		NOT RELATED TO THE	TERMINAL DISE	ase or condition	GIVEN IN PART	l(o)
9	19a DA	E OF OPERATION	19b CO	NDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AU YES [TOPSY? 20b. IF	YES, WERE FINE RTIFYING CAUSI YES []	OINGS USED ES OF DEATH? NO
		CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF HER NOTIFY MEDICAL EXA	OF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART OR PART 2	
	AL WORLE	NOT WHILE AT WORK	LAT HOM	CE OF INJURY E, STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	\$7	CITY OR TOWN	COUNTY	STATE
	so	the deceased allower (1) (his law the deceased allower (1) (he) (did) (d	E OR 5/	12	~71	nd that in (my)(aur) ap	ornion death accur	red on the date and		n, that (I) (we) la ne causes stated
	22b. SK	Eu	Cole	Tu .			ING MEDICA	STAFF OR PHYSICIAN		13/87
	224 PH	YSICIAN'S NAME	TYPE OR PRINT)	11		22e ADDRESS	1	a silve	. 1 1	1 1
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		EW (5-1	6-1987 s, Md. 21	PINELAL	51 FICATION CREMATERY OF CREMAT	ORY 236. LO	CATION ITY OR TOWN	COUNTY	state

DHMH - 16 60M 7/84 (VRA 15, 4)

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poog poog	3. SEX			4 RACE			OF BIRTH		AGE (IN YEARS	LAST BIRTHDAY	IF UND	DER TYEAR	IF UNDER 24 HRS
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1 134 1	14 FATH	ER'S NAME		MIDDLE	LA	51	15 MOTHER'S MA			IDDLE		_ LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21; ING PHYSICIAN. The low requires that the death certification recentled inhing a high state this certificate has been signed by the ottending processes and characteristicate has been signed by the ottending processes and characteristicate has been signed by the ottending processes and characteristicate has been signed by the ottending processes and characteristicate has been signed by the ottending processes and characteristic processes and characteristic processes.	THECATION	DATE OF OPE	any, which immediate ating the use last. IGNIFICANT	DUE TO, CONDITIONS CONDITIONS	OR AS A CON	SEQUENCE OF	T NOT RELATED TO	ED	200 AUTOPS	Y? 20 IN	b. IF YES, WEI CERTIFYING YES	RE FINDING CAUSES	IGS USED
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TO HOSI		, ,	Service Committee Committee	π, M.D√		*			URNIE,		AND 21	061	
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DHMH - 16 60M 7/B4 (VRA 15, 4)	CE	NAME U.S. olem	777 7	922 Fore		ive Anna	Md	HIN	4 191	27 /	· Mag	ton P	ndall

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.			wit:
		CEASED NAME OR PRINT)	Edwa:		Louis	5	Wholey S		2a. DATE OF DEATH	8, 1	DAY YEAR	2b HOI	OPM.
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>	13a S Ma	aryland	13b COUN		Baltimo	WN)	X			venue 21	225	
1	14 FA	THER'S NAME Harry		MIDDLE	Wholey			aiden name ace	MIDDLE		Butî	er	
1		VAS DECEASED EVER ES NOOP TINKNOWN) Yes	(IF YES GIVE	MED FORCES? E WAR OR DATES)	215-07-		Edith L	. Whol	ey Same		3e		
	NOI	Conditions, if ony, gave rise to imm couse iol, statin underlying cause	nediate g the last.	(c) (b) (c)	R AS A CONSEOL HRONIC BAS A CONSEOL DINTRIBUTING TO	O GS		VE P	0 5	FICTO	ISPASE. ENCY S IVEN IN PART 110	37	en.
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		Harjit Si		M.D.	V		220 ADDRESS 5507-E	Ritch	nie Highway	, Ba	ltimore,	MD	21225
	23a B	URIAL, CREMATION, SPECHY) Entombi	nent	23b. DATE 5/12/8	37 Ce		EMETERY OR CRE		Baltimore		A°VA'	M	id"

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked or the mall shakes, any injury in the state of the mall shakes.

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md Baltimore

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250. DATE REC'D. BY REGISTRAN 258/REGISTRAD SSIGNATURE MAY 1 1 1987 Julia Dender Lace

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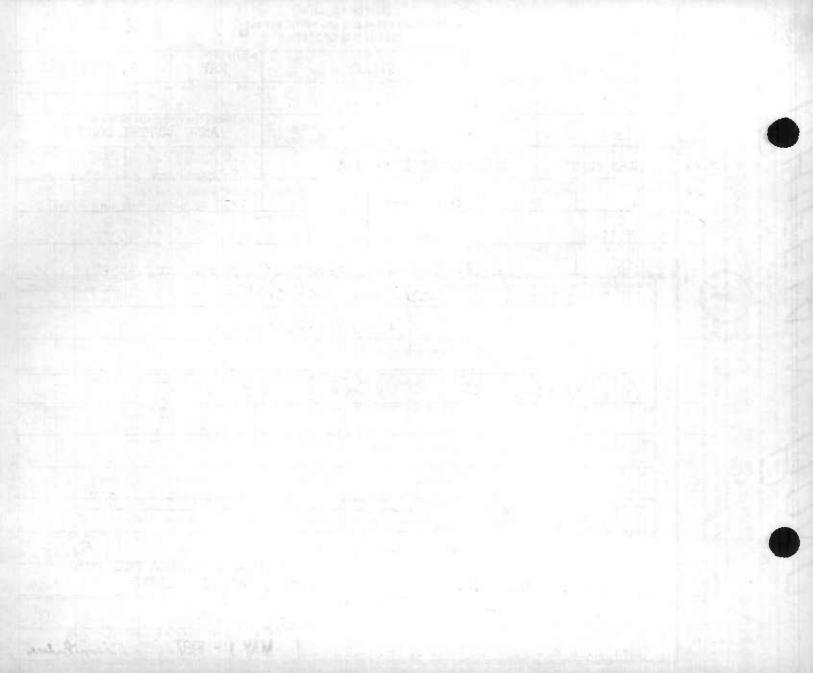
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ricion ond coers. Poges		NAS DECEASED EVER IN U.S. AR YES, (\$200 UNKNOWN) (IF YES, GIV	VEWARORDATES) 072-18-5/12 Pamela Hrey Severuz PK. 21146	
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equires en signe Then p injury.	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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MG Pl offer the os the orked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21I. LOCATION STREET CITY OR TOWN COUNTY STATE	
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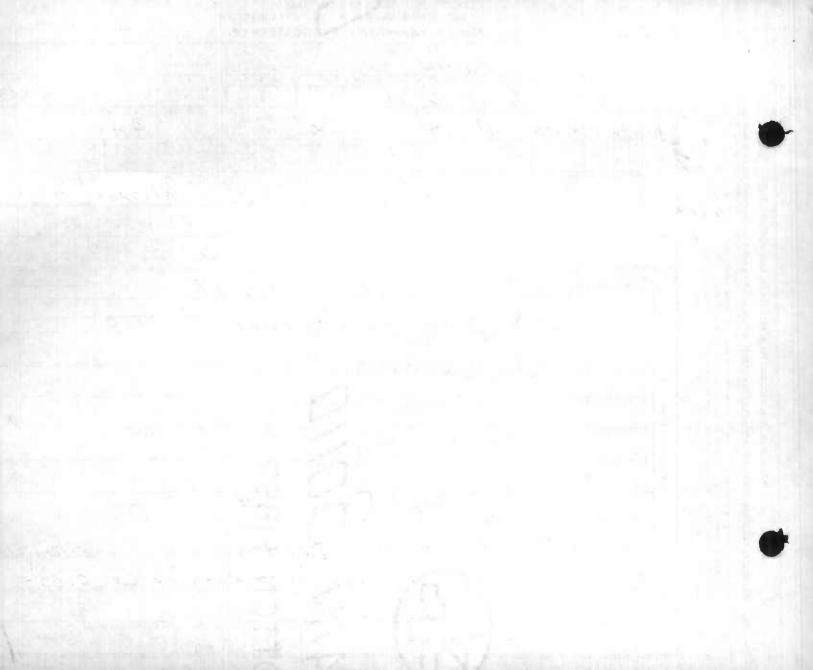
26 IN -5	07	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS /	1 2 3 3 2 EDT
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ctor. pag	3. SE	× Female	White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS MIN.
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		STATE OF MARYLAND
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	TUZU TIME	A REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	1	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HOU
	ET. SES.	EMORY LOVIN WOODWORTH DEATH MATED 19
	PLEASE ECTOR. FILES. HOURS	3 SEX 4 RACE S DATE OF BIRTH VALK 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOU
15	NS TS	m W 6 25 06 80 YRS. HOURS MIN PRONOUNCED 05 24 19 87 164;
10	CESSARY, PLEASE LERAL DIRECTOR. OR YOUR FILES. ITHIN 72 HOURS PRESTON STREET.	76 BIRTHPLACE (STATE OR 76 CITYZEN OF WHAT COUNTRY? 8
~	SASSE	North Dakota U.S.A. WIDOWED & DIVORCED A.A.
	SHARE A	0 CITY OR TOWN OF DEATH / 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS
	ALAND S	Annapolis Anne Arundel General Hospital Farmer Farming
	197288	Annapolis Anne Arunder General Hospital Farmer Farming USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
	8 39m28//	N.D. Burleigh Bismark VEST NO X Rt 2 Box 106
	MD. 2120 A. S. AND A. S. A	N. D.
	- H-11-50-00-01-1-1	William S. Woodworth Myrta Wallace
	H BHE TO ST	
	2 850 man	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESSO WINSVILLE Md F. 7.2 Parameters
	SALTIMORE GIVE PASS THE EDRING MINERAL OF	NO (FYES, GOVE WAR OR DATES) 502-01-1329 Billie Armstrong 572 Palasades Blv
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
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	DIVIS HIS GER WRITIN ARDED NGE 3 S ATE DE	
	THIS WAR	AT WORK AT WORK
		22a certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	EXAMINER: CERTIFICATI NULD BE FOR DIRECTOR: I, WITH THE: MARYLAND	death resulted from: Notural causes . Accident ., Suicide . Hamicide . Undetermined manner .
	EXA CERT JUD 1 DIRE WAR)	TITLE (SPECIFY)
	A PACALLA	SIGNATURE MULLIAM / M.D. DOUTS MEDICAL EXAMINER SIGNED 25 May 97
	SEA SEA	
	Z SS ZSS	EXAMINER'S NAME WILLIAM P. JONES W DODRESS 695 AMERICA Ct. 21035
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. BALTIMORE, M.	23a, BURIAL, CREMATION, REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
00	0000	Cremation 5-26-87 Westview Park Baltimore Md.
99	1777	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
10	OHMH - 17 (VR A15 ME (5))	T. A. Hardesty Annapolis Md. 21401
	20M 4/82	MAI 20 108/ 10



7922 Wise Ave. Dundalk, MD

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE C - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a DATE OF DEATH 2b HOUR HAME OR PRINTI 00 **BOBBY** 22, 1987 WORKMAN MAY LEE SR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Self Employed Auto Parts 13e STREET ADDRESS / ZIP CODE 312 Merylon Avenue 21061 Sluder ADDRESS Same as 13e. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 615 HAMMONDS LANE 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial 5-27-87 Monte Vista Burial Park Johnson City Tennessee 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR S SIGNATURE Duda-Ruck Funeral Home of Dundalk DHMH - 16 60M 7/84

FORTY THE MORNING SR DAY 22, 1987 - 436

ANDE ARRIVEEL COURT

CLEM BURKLE MORTH ANDRONE FIOSPYTAL

615 HARRONDS LANGE DALTIMORE, NO 21225

MEVIN J. DOYLE, P.D.

			STATE OF MARYLAND	
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IL RE lo on.	ows o	TIFIC							YES NO		IFYING CAUSES	OF DEATH?
VITA IN: T hysicing	Hygiene 18 shows	CER	210. ACCIDENT WAS UNDERL		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
SICIA og pl	- / //	CAL	OR CONTRIBUTING CAU		P.		19					
SIOP PHY endir	0	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY	E, FARM, ETC)	21f LOCATION	CITY OR	NWOI	COUNTY	STATE
DIVI ING	lth on norked		AT WORK AT WORK		1		4		7	,	57	
FEND fol o	F Heo		22a.1 certify that (I) (the sow the deceased of	olive on	3/4	19		nd that in (my) (our) opinio	n death accurred on the	date and ha		that (I) (we) los
R AT hosp	pt. o	116	obove, (I) (we) (did)	(did not) v	iev mydy	olter deoth.		DEGREE				SIGNED
0 0 0 9	F H		1/1	Th	ble	~		ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	7	787
HOSPITAL ined by the FUNERAL	with the Stote		224. PHYSICIAN'S NAMI	E (TYPE OR PE	RIN1)			22e ADDRESS	DIRECTOR THIS	CIAN	1 -1	11 4
O HO Proine	POR		Victor Pla	avene	r, MD			Arnold, MD	21012			
O se C se	3 3	23a B	URIAL, CREMATION, REA	MOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	FILE	I' OLINITY	STATE
BP			SPECIFY Burial		5 - 5			w Crematory	Westview		to., M	
DHMH - 16		24 FL	NAME NOTES	T S. I	BARRA	NCO ADDRESS		250 D.	MAY D. 88 1987	R 256 AERIS	TRANSPARENT	Wandall
(VRA 1	5, 4)		SEVERNA	PARK	MD	21146		No.	- company			

EL TOTAL STANKS STANKS STANKS STANKS MAY BEET LONGISCHES